

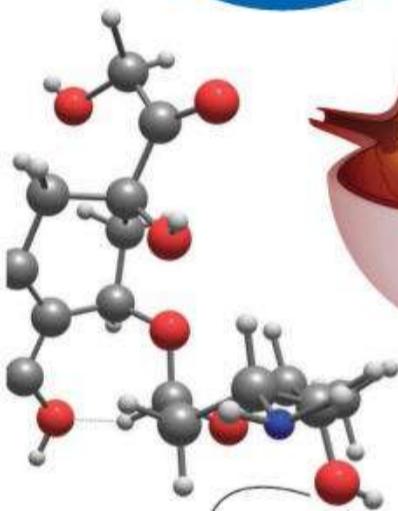
NEW

HOW IT WORKS

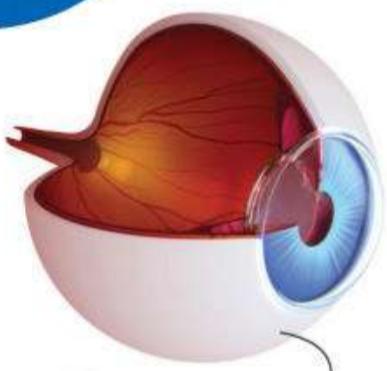
How our
muscles work

INSIDE THE HUMAN BODY

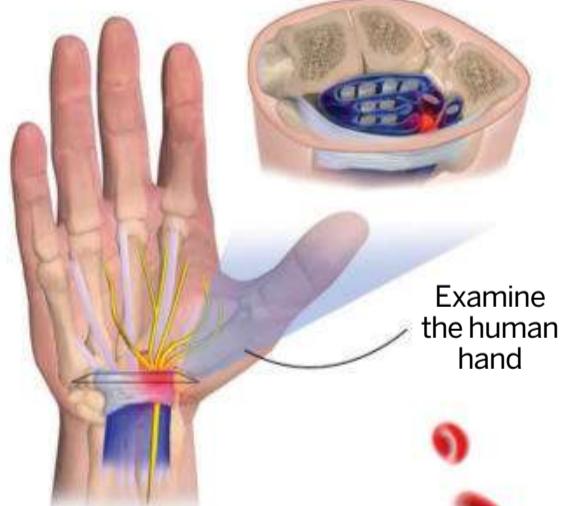
OVER
500
AMAZING
FACTS



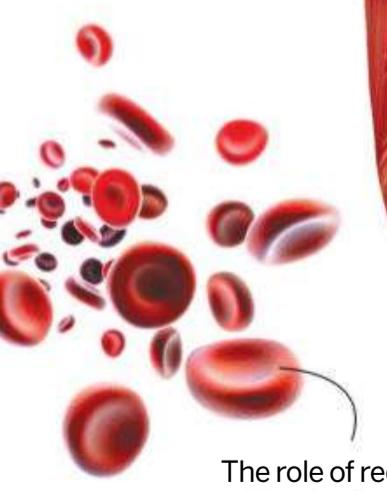
Fighting
disease



An in-depth
look at the
human eye



Examine
the human
hand

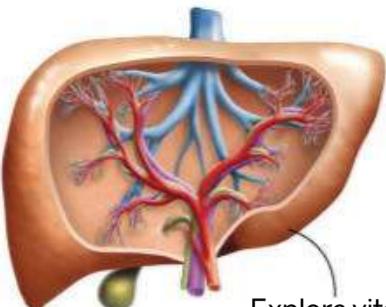


The role of red
blood cells

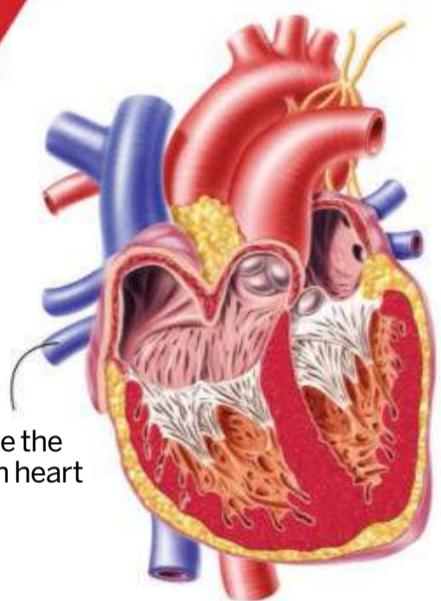


Digital
Edition

FUTURE
TWELFTH EDITION

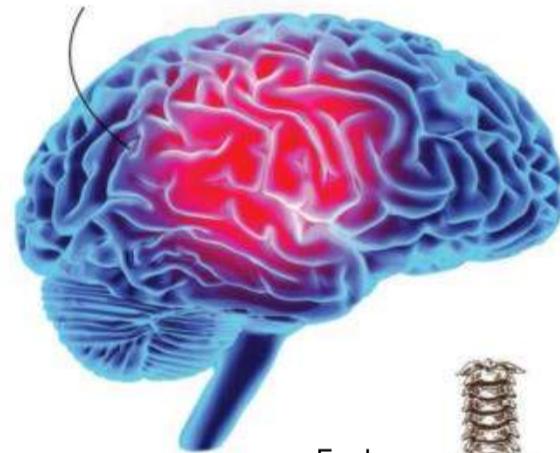


Explore vital
organs



Inside the
human heart

How your
brain works



Explore
the human
skeleton



The body's
essential
organs

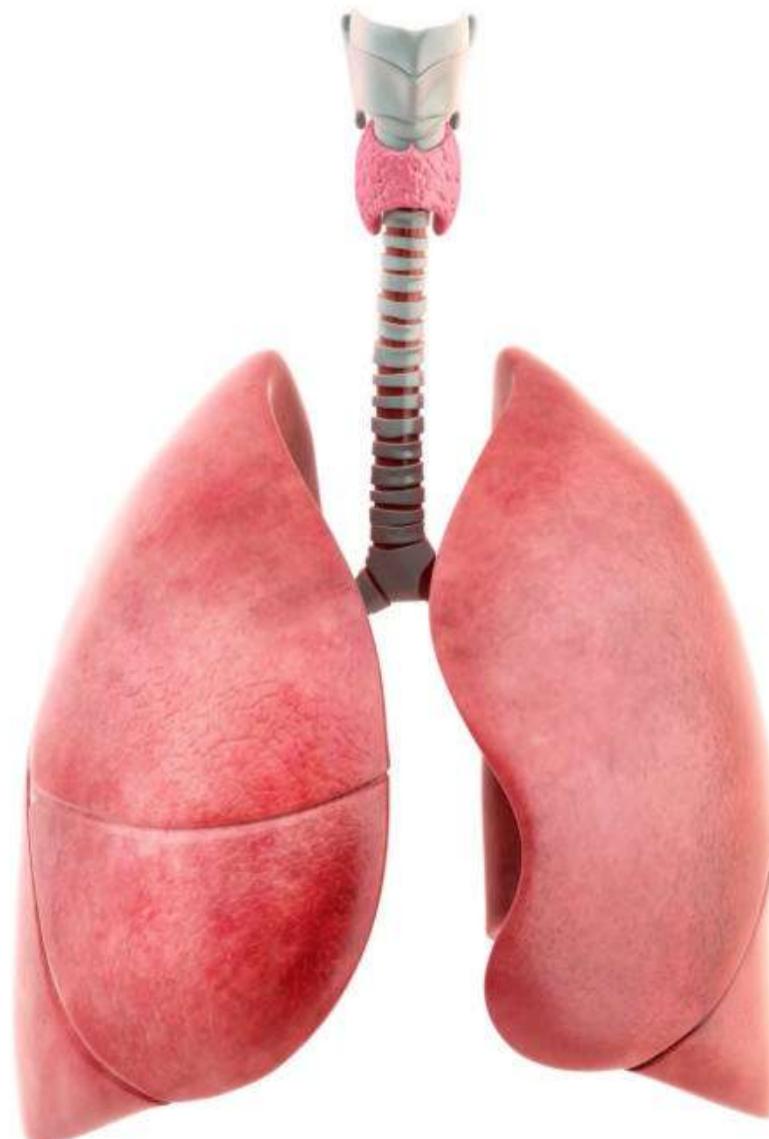


TAKE A TOUR OF YOUR ANATOMY WITH OUR HEAD-TO-TOE GUIDE

Welcome to

HOW IT WORKS
INSIDE THE
HUMAN
BODY

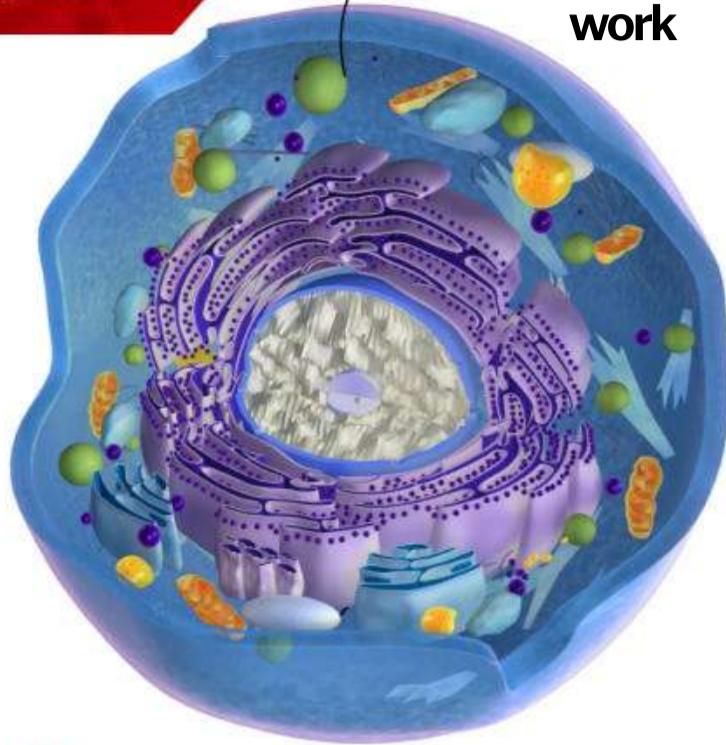
Inside the Human Body takes you on a fascinating journey – starting at the very beginning with the cellular construction of our bones, skin, muscles, hair and more. In this complete guide we explore the human body inside and out, taking an in-depth look at our most vital organs and body parts, from the complexity of the human brain to the structural support and strength offered by our muscles and skeleton. Working in tandem with modern medicine, our body does an amazing job of keeping us fit and healthy and recovering from illness – we discover some of the body's most common complaints as well as investigating what the future of medicine may look like. We even tackle the body's weird and wonderful functions – exploring everything from why we laugh to the biology of a sneeze. This book will help you appreciate just how special you are and ensure you never take your body for granted again!



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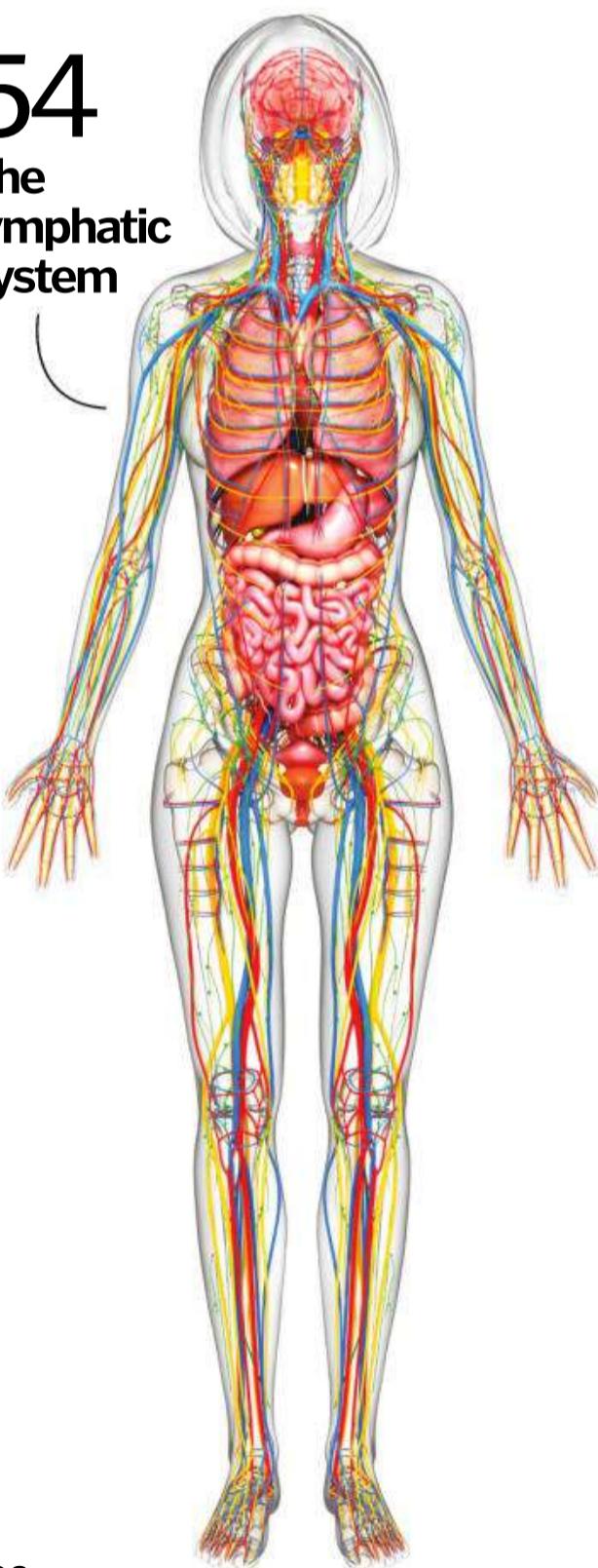


WHAT ARE WE MADE OF?

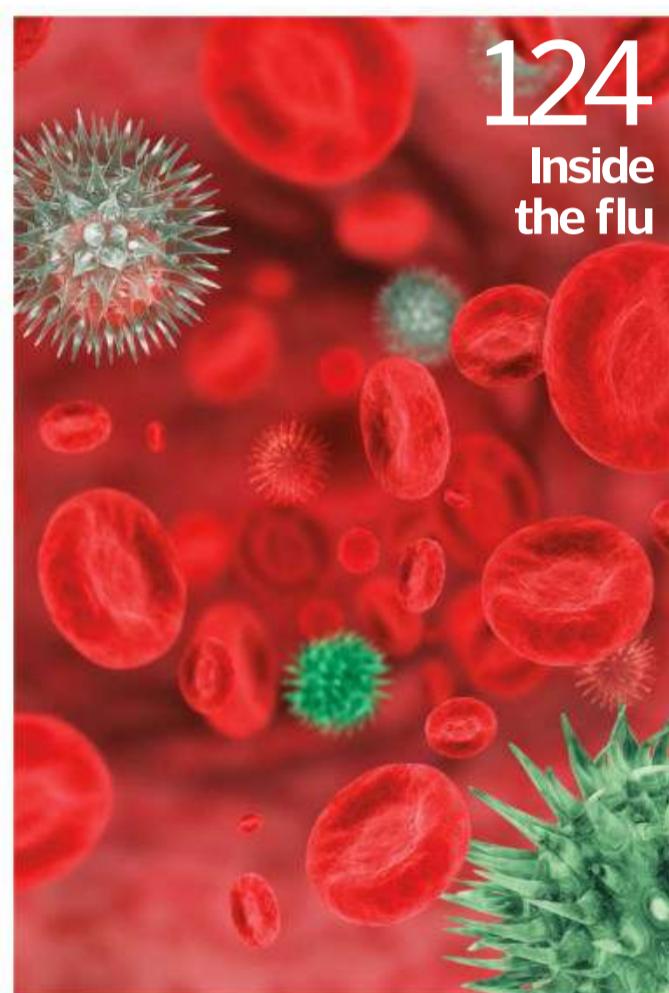
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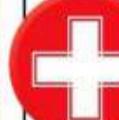
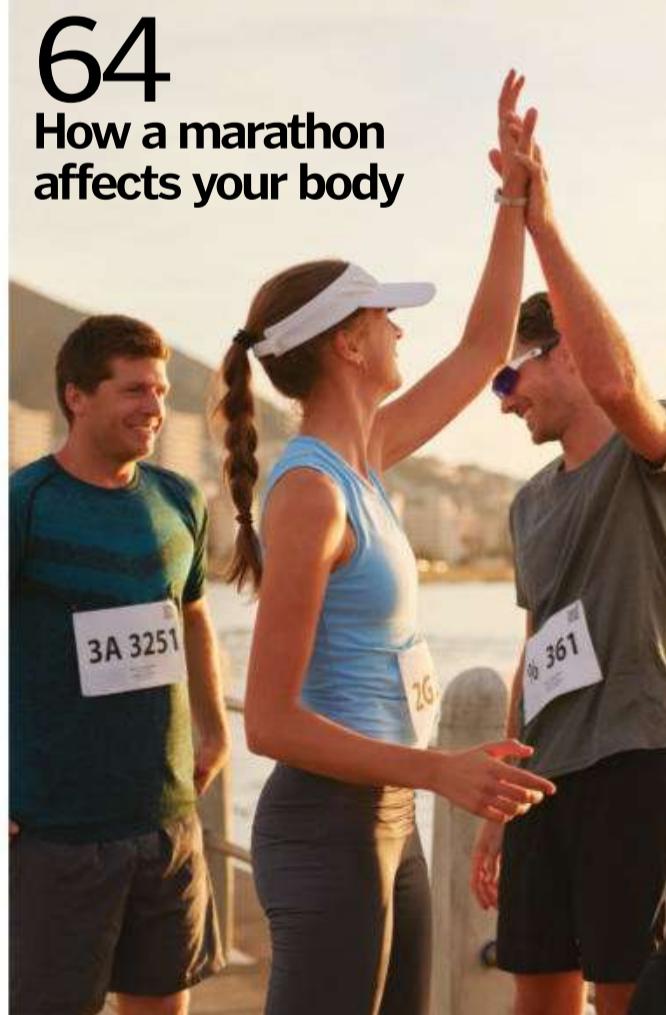


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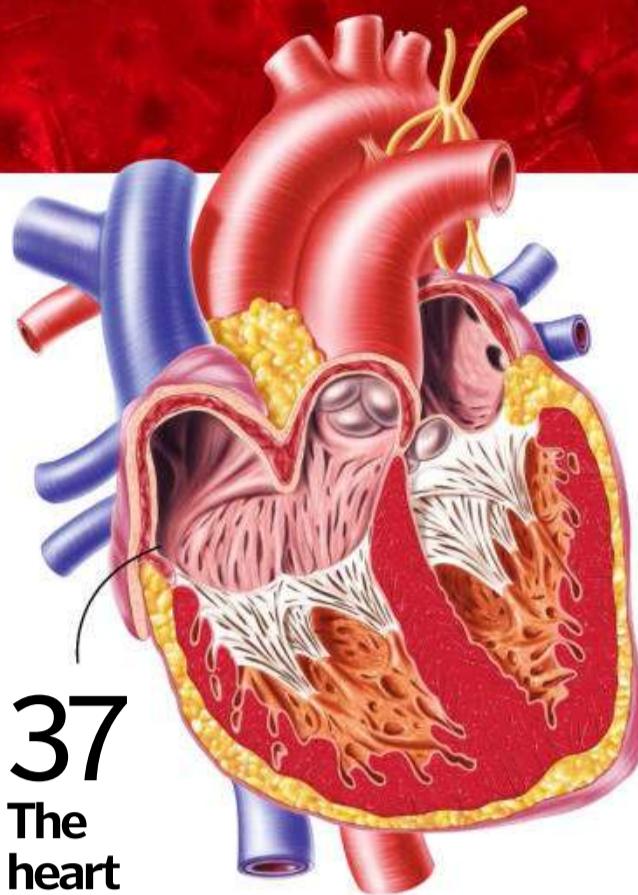
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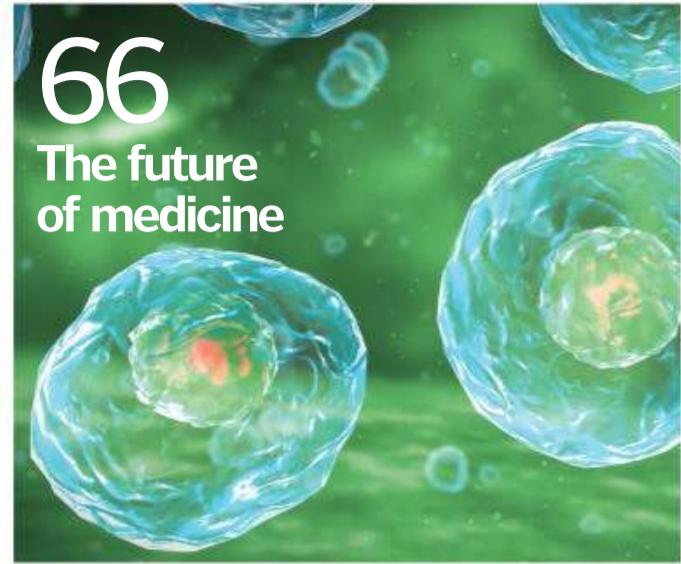
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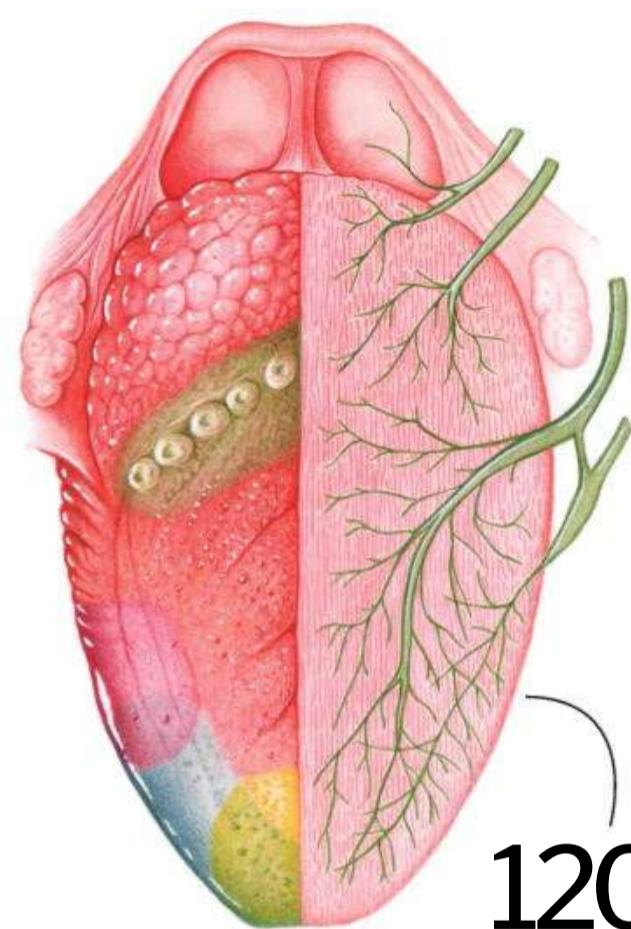
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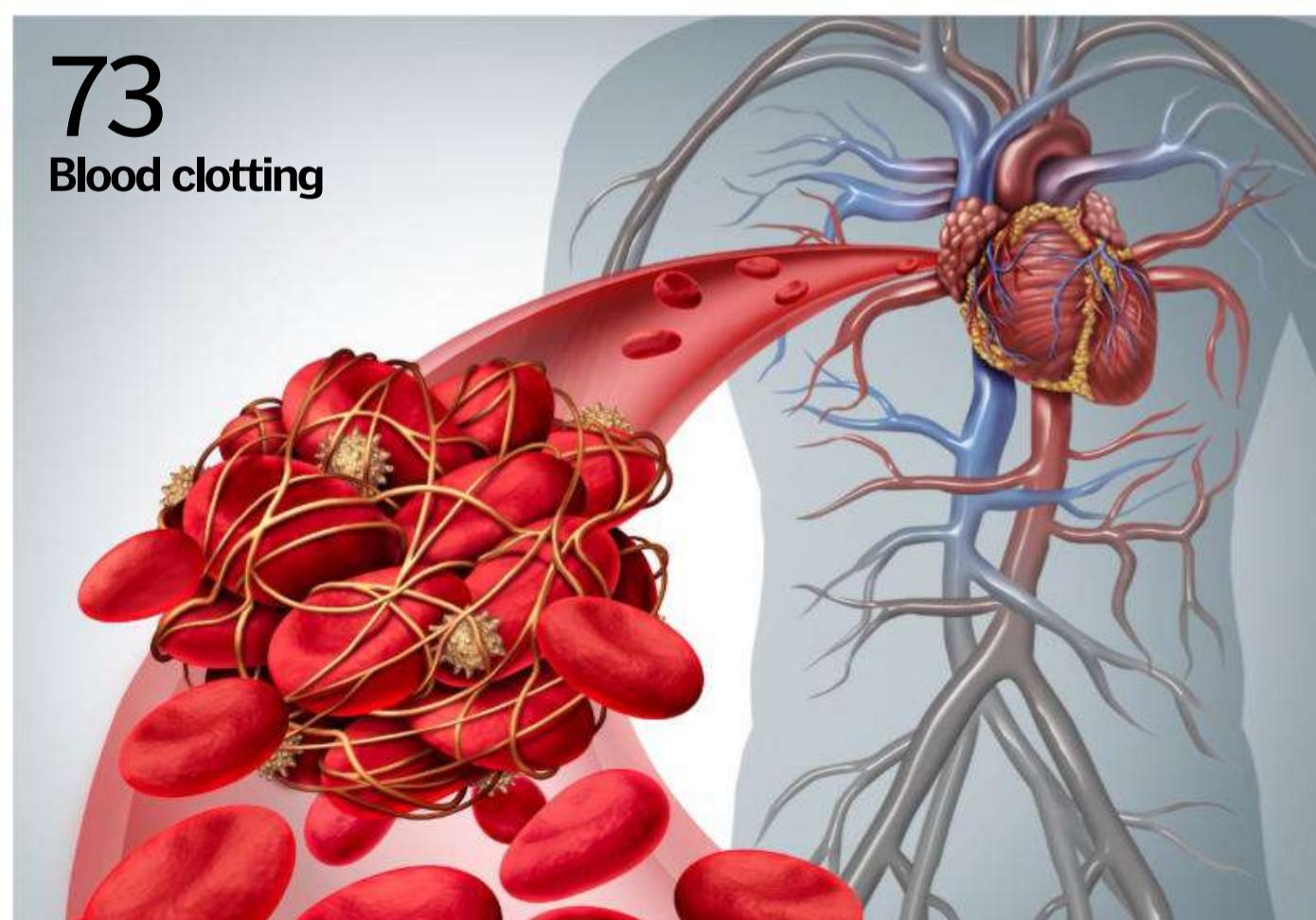
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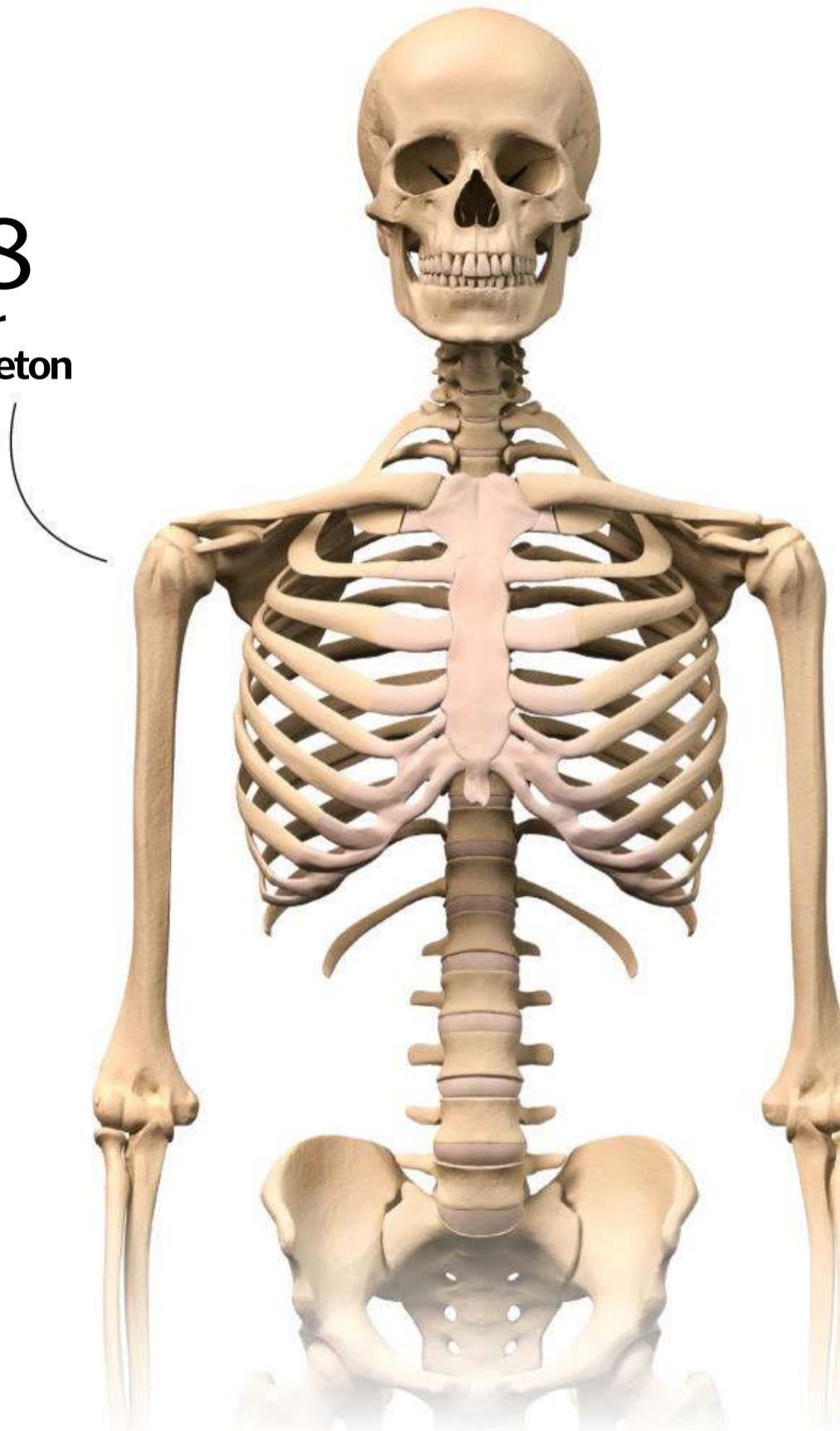




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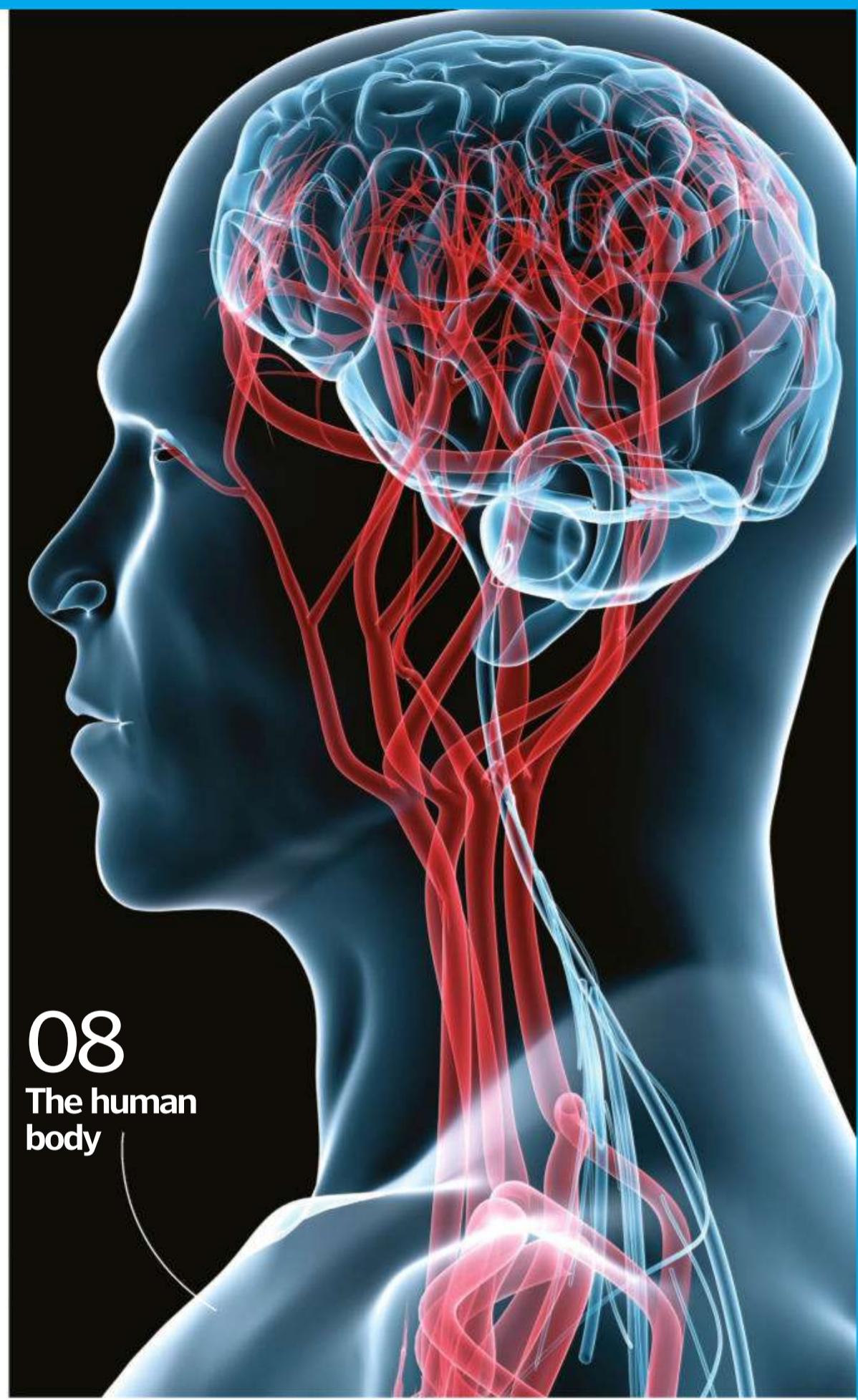
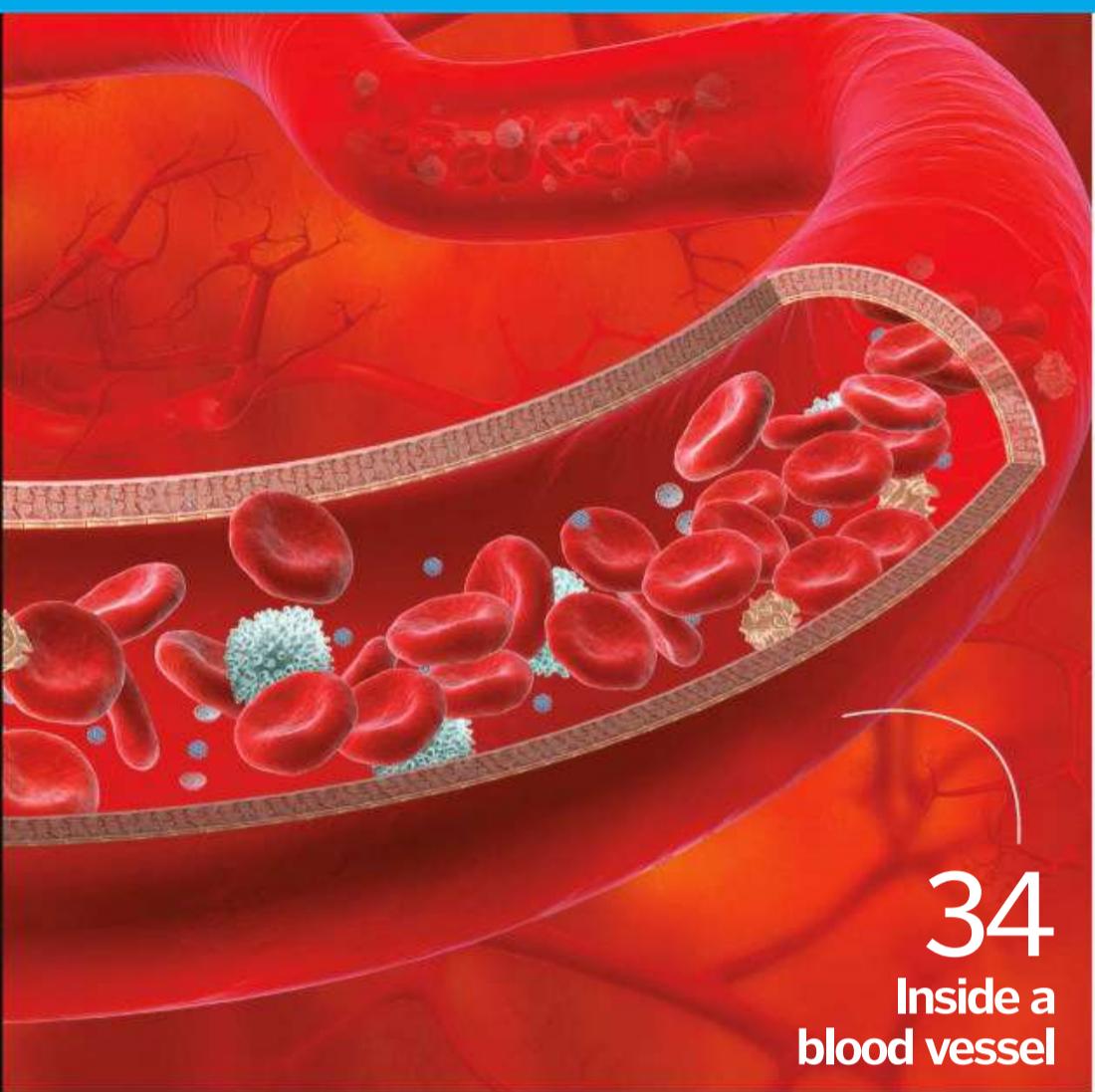
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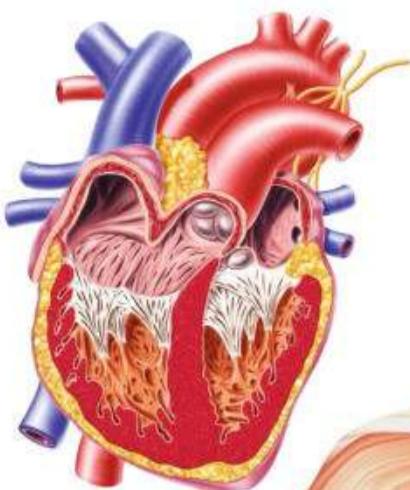
Your first year



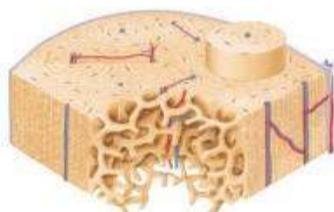
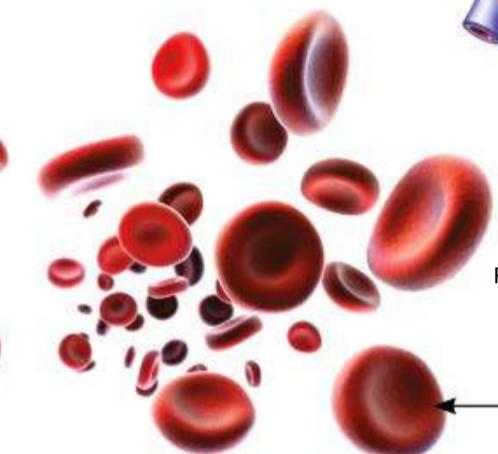


**Making connections**

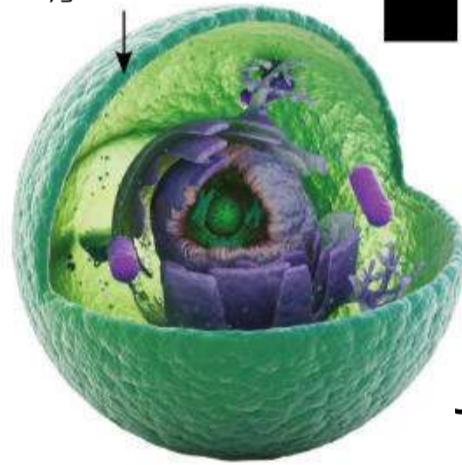
The hyoid in the neck is the only bone that isn't connected to another bone



Red blood cells can live for up to 120 days

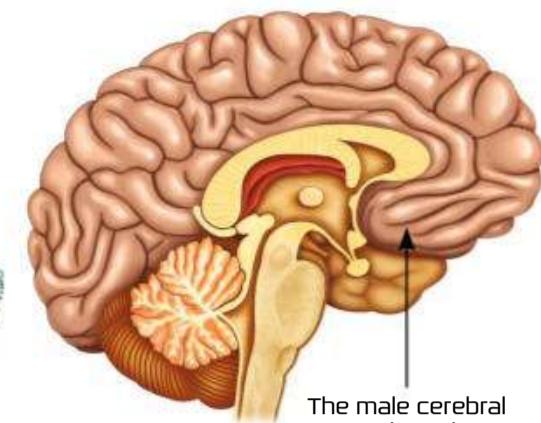
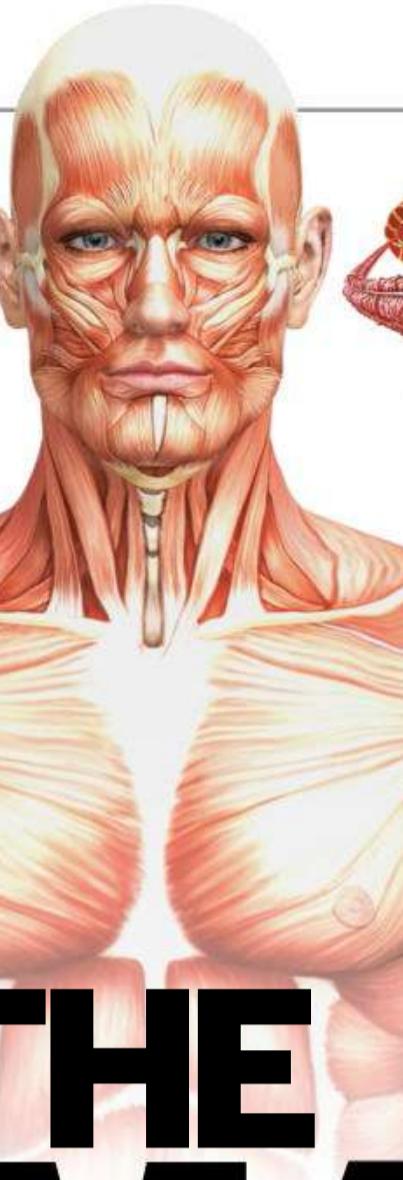


The body comprises around 75 trillion cells

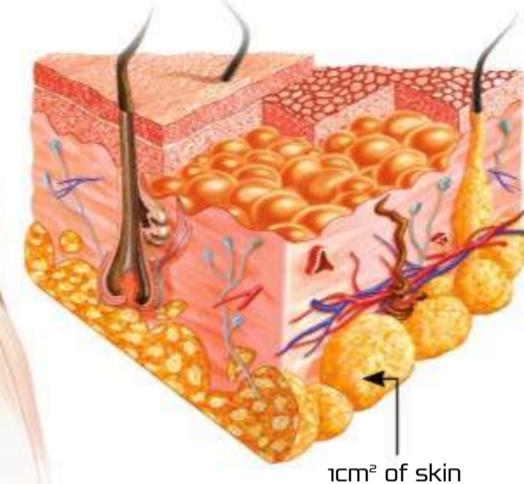


THE HUMAN BODY

Journey inside the body to discover just what we are made of...



The male cerebral cortex has about 23 billion neurons



1cm² of skin can contain 70cm of blood vessels



The human body is composed of an estimated 7 octillion (which written out is 7,000,000,000,000,000,000,000,000,000) atoms, making up over 75 trillion cells.

At the atomic level, the human body comprises about 60 elements, but the function of many of them is unknown. In fact, 99 per cent of the human body is made from just six elements (see chart for specific percentages).

Like all other life discovered to date, we are carbon-based; the biomolecules that make up our bodies are constructed using frameworks of carbon atoms. Carbon is almost unique among the elements; it is small in size and can make four covalent bonds to other atoms, allowing it to form the backbone of key molecules that form the human body, including proteins, fats, sugars and DNA. The bonds are strong enough to hold the molecules in a stable structure, but not so strong that they cannot be taken apart again, allowing the body to break and reform molecules over and over as required.

Calcium is the most abundant mineral in the human body, important for the regulation of protein production and activity.

Complex cascades of chemical reactions occur within the gel-like cytoplasm and organelles of cells – tiny structures that perform specific functions within a cell. Phosphorus is used to make adenosine triphosphate (ATP), which has high-energy phosphate bonds that can be broken in order to power cellular processes; ATP is essentially our cells' fuel.

Cells are coated in receptors and respond rapidly to environmental changes, communicating via chemical signals and electrical impulses. During embryonic development, chemical gradients tell developing cells where to go, and what cell type to become, resulting in a new person.

Interestingly, the majority of the cells in the human body are not human. Microbes make up

between one and three per cent of our body mass and are hugely important for our proper functioning. They have 8 million different coding genes for making proteins, compared to less than 30,000 in the human genome.

The bacteria that live in our digestive system provide essential support too; they ferment undigested carbohydrates, allowing us to access energy we couldn't otherwise digest, and they have a role in the production of vitamins like biotin and vitamin K. Their presence in the gut also prevents 'bad' bacteria from taking hold and making us unwell.

Even more unusually, at least eight per cent of the human genome is viral in origin. Retroviruses are able to insert their DNA into our chromosomes, and at several points in human evolution genes that started out in viruses have become permanently entwined with our own genetic information.

How many hairs?

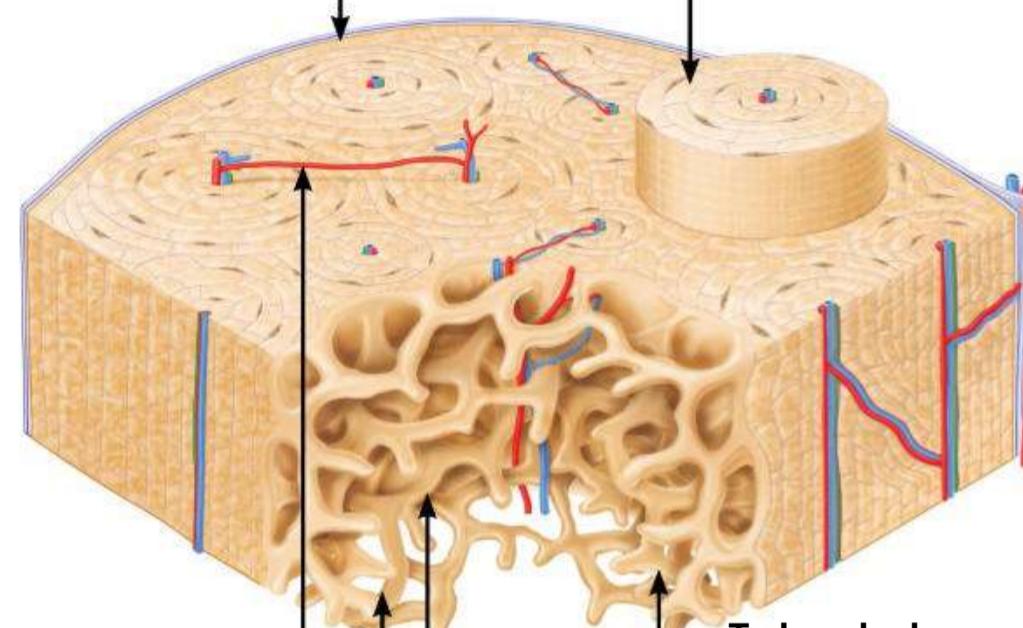
A human head has an average of 100,000 to 150,000 hairs

The structure of bones

The long bones of the body, such as the femur (thighbone), contain two distinct types of bone

Osteocyte

The cells that form the bone matrix eventually become trapped in it. They help to regulate bone turnover.



Blood vessels

Bone is a metabolically active tissue and a good blood supply allows for mineral exchange.

Osteoblast

Osteoblasts make new bone, producing the collagen scaffold and laying down minerals.

Cortical bone

The tough outer layer of bones contains densely packed cylindrical structures – osteons – formed from concentric layers of bone tissue.

Trabecular bone

Within the ends of long bones is a looser, honeycomb structure, where calcium is released from storage as required.

Osteoclast

Osteoclasts are related to cells of the immune system and digest old bone to release minerals and allow for remodelling.

Beneath the skin

Skin has several layers with a unique function

Stem cells

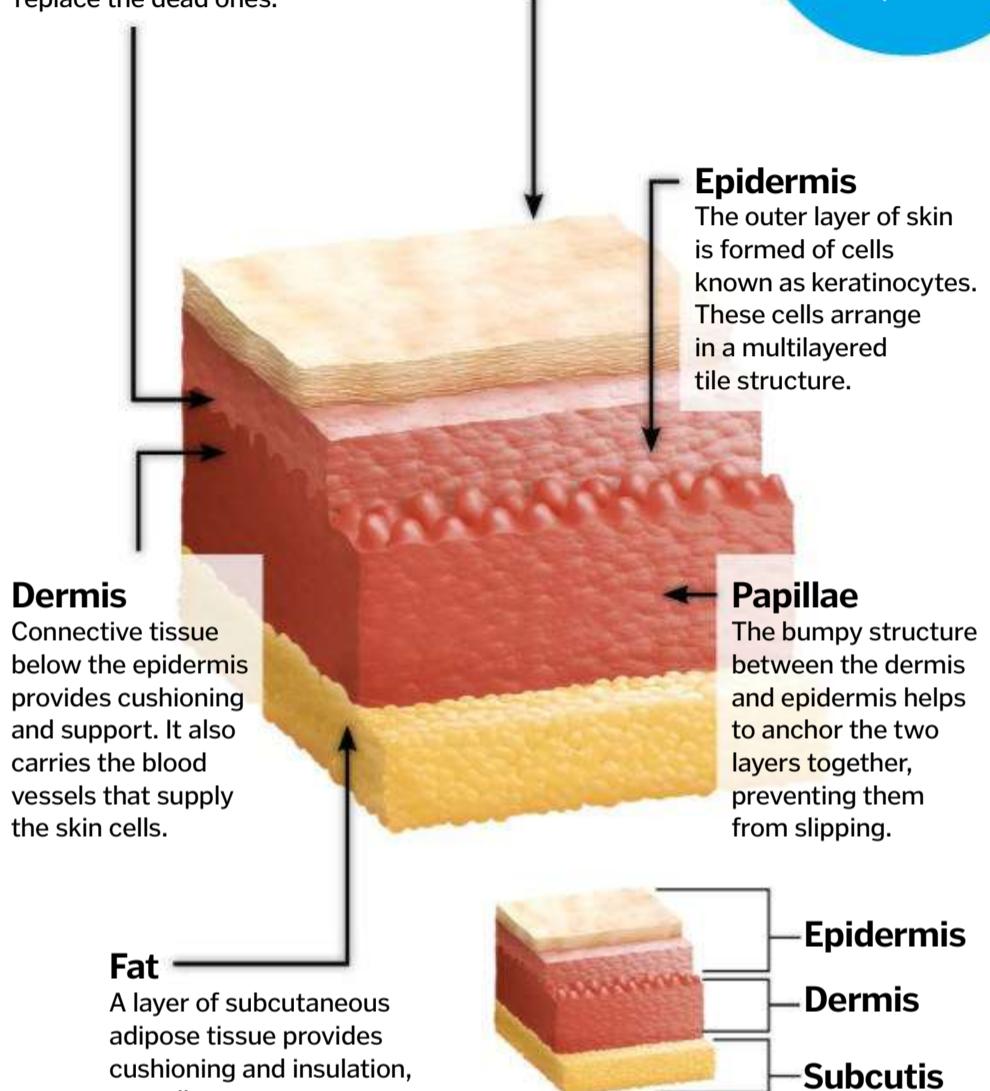
A layer of stem cells at the base of the epidermis divides to form new skin cells, which push upwards to replace the dead ones.

Cornified layer

The very outer layer of the skin consists entirely of flattened, dead cells. These provide a protective barrier.

Largest organ of the body

The skin of a human adult measures two square metres (22 square feet)



Hair under the microscope

A strand of hair can be divided into three distinct regions

Matrix

Cells of the matrix divide to produce new hair.

Papillae

Blood vessels supply nutrients to the cells of the matrix and root.

Cuticle

The outside of the hair is made of layers of flattened cells that overlap, protecting the hair.

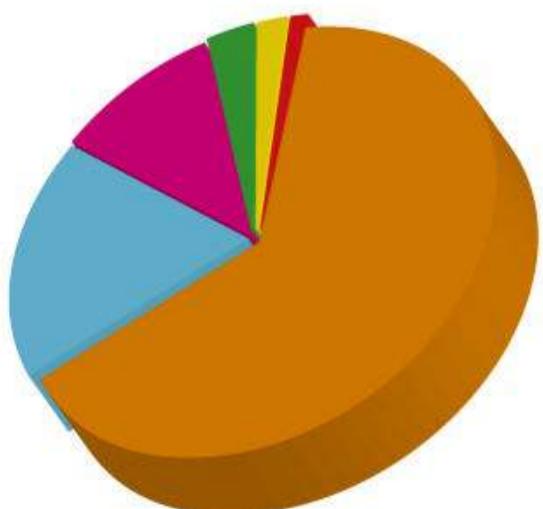
Medulla

An open, unstructured core runs up the centre of the hair.

Cortex

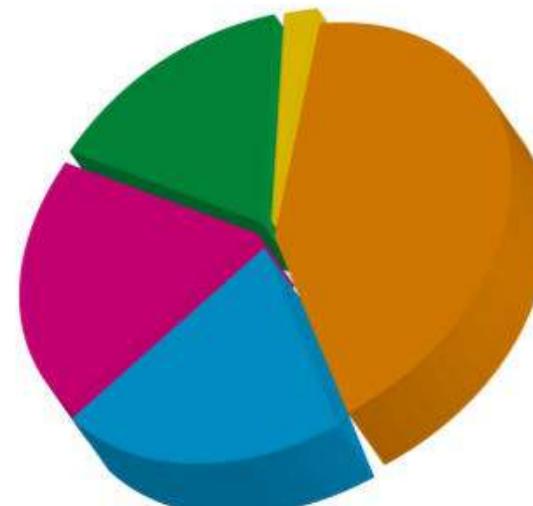
The body of the hair is made from coiled strands of keratin. Melanin granules within the cortex lend it its colour.

Six main elements of the body (99%)



- Oxygen: 65%
- Carbon: 18%
- Hydrogen: 10%
- Nitrogen: 3%
- Calcium: 2%
- Phosphorus: 1%

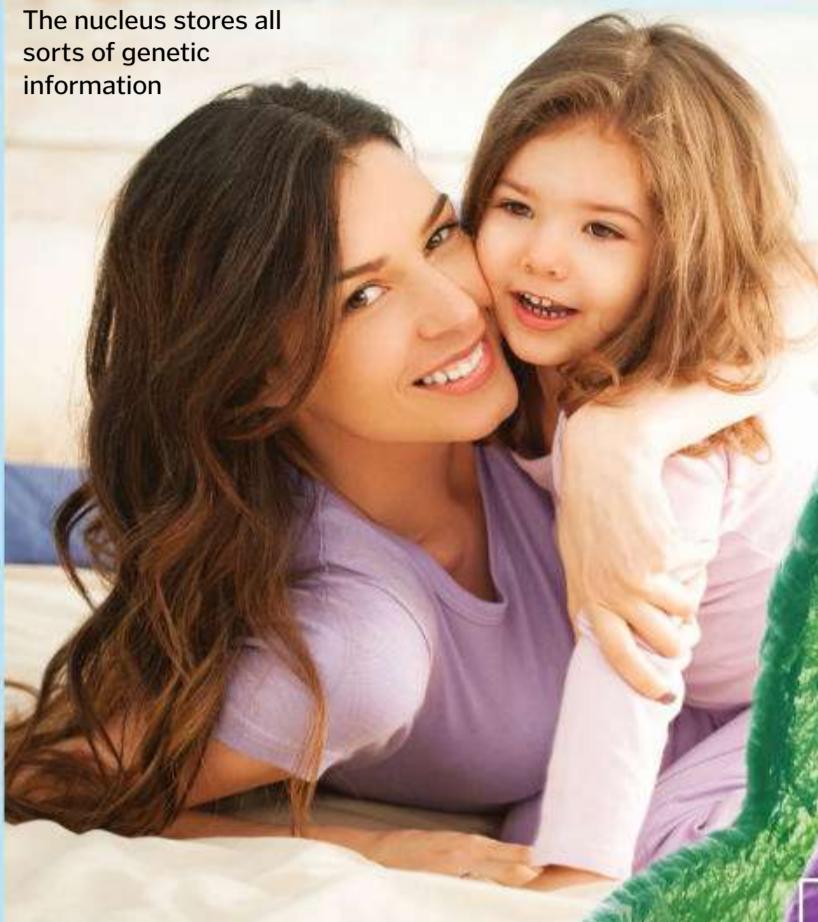
Body composition by tissue type



- Skeletal muscle: 36-42%
- Fat: 13-20%
- Bone: 12-20%
- Skin: 16%
- Brain: 2%



The nucleus stores all sorts of genetic information



Nucleus

Genetic information is stored inside the nucleus. Different genes are used by the cell depending on its type.

Mitochondrion

Mitochondria convert glucose to ATP, which is used to power the cell.

Cytoplasm

The cell is filled with a gel-like substance that contains thousands of proteins.

Cell membrane

The cell is enclosed in a membrane, which regulates the transport of substances in and out of the cell.

Free ribosome

Ribosomes read RNA messages from the nucleus and construct proteins.

Little & large

The egg is the largest cell in the human body, while the sperm is the smallest

Endoplasmic reticulum

Proteins that are to be exported from the cell are made inside a series of membranes.

Close up with cells

There are thought to be over 200 different types of cell in the human body, each specialised to perform a particular function. Despite these specialisms, their basic underlying biology is the same.

Cells contain a nucleus, which houses the 46 chromosomes, containing the complete set of instructions to synthesise all of the proteins found in the human body. Depending on the type of cell, different genes are switched on and off, determining which proteins the cell will produce.

Proteins for use inside the cell are created on ribosomes in the cytoplasm. The ribosomes read the genetic message and assemble the corresponding protein using amino acids as building blocks. Proteins to be exported from the cell – for example, antibodies or digestive enzymes – are constructed within a series of membranes. Here they gain a number of modifications which enable them to survive the harsh environment when they leave the cell to travel around the body.

Key cells of the body



Blood and immune cells

Type: Blood

The cells of the blood, including red blood cells and the white blood cells of the immune system are all produced in the bone marrow. Red blood cells lack a nucleus, enabling them to pack more of the oxygen-carrying protein, haemoglobin, into their cytoplasm.

Epithelial cells

Type: Skin and membranes

The cells that cover our bodies and line our body cavities form junctions with one another. Using proteins anchored between their membranes, the cells join forces to create strong barriers to protect the body.

Contractile cells

Type: Muscle

These cells contain a protein ratchet system, which enables them to contract. Actin and myosin form long strands, which slide past one another, pulling the edges of the cell together.



Nerve cells

Type: Brain and nerves

Nerve cells have specialised membranes, which use molecular pumps to maintain an electrochemical gradient; this allows them to transmit electrical signals. Nerves function more efficiently if they are insulated and many nerve cells are covered by a fatty sheath of myelin.



Stem cells

Type: Undifferentiated

Stem cells are ones that have not yet committed to a particular specialism. They are found in many locations and provide a replicating reservoir of cells that can be used to maintain and repair the body.

Extracellular matrix cells

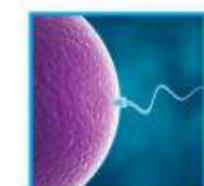
Type: Connective tissue

The cells of the body are supported by networks of fibres including collagen and elastin. These are generated by extracellular matrix cells like fibroblasts, which produce and secrete precursor components that then assemble into the fibres that make up the matrix.

Endocrine cells

Type: Hormones

These cells generate hormones and release them locally or into the bloodstream. Their hormone-releasing activity is controlled by neurotransmitters sent from local nerves, or by other chemical messengers, which bind to receptors that are on the cell surface.



Germ cell

Type: Reproductive

Sperm and egg cells have just one copy of each chromosome and are formed by a special type of cell division called meiosis. When sperm and egg combine, the resulting cell has a full set of 46 chromosomes.

Muscle and movement

Skeletal muscle is responsible for moving the skeleton. It is composed of bundles of muscle fibres, sheathed in a strong collagen matrix, which extends into tendons that attach to the bone.

Within each muscle fibre is a molecular ratchet system made from the proteins actin and myosin. As the protein filaments slide past one another, the muscle fibre contracts lengthways and the fibre shortens.

Muscle fibres can be broadly categorised as being either 'fast twitch' or 'slow twitch'. Fast-twitch fibres use high-speed anaerobic respiration to produce rapid movements, but fatigue quickly.

In contrast, slow-twitch fibres use sustainable aerobic respiration and produce slower movement for longer periods of time.

The proportion of slow and fast-twitch fibres affects athletic performance, eg long-distance runners have a higher proportion of slow-twitch fibres than sprinters. Whether muscle fibres can change from one to another is under investigation.

Tendon

Muscles are attached to bones by bundles of collagen – tendons.

Connective tissue

Each layer within the muscle is surrounded by a sheath of collagen fibres to resist stretching and distribute load.

Fascicle

Each fascicle contains a bundle of 10-100 muscle fibres.

Muscle power

There are 650 layers of striated muscle attached to the bones of the human body

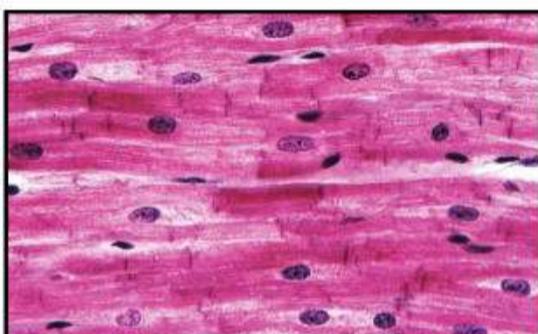
Epimysium

The entire muscle is enclosed in a tough, protective sheath of connective tissue.

Muscle fibre

Each muscle fibre is an individual cell, packed with contractile proteins.

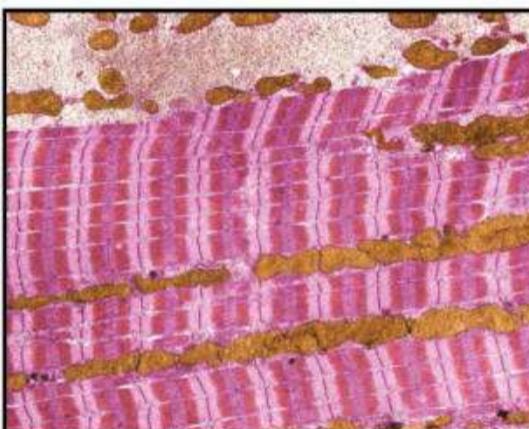
Types of muscle



Cardiac muscle

Type: Heart

Like skeletal muscle, cardiac muscle is striated. Connections between the cells allow the contraction to pass in a co-ordinated wave across the heart.



Skeletal muscle

Type: Voluntary

Skeletal muscle is responsible for moving the skeleton. Under the microscope it has characteristic striped bands, representing the contractile components within the cells.

Smooth muscle

Type: Involuntary

The smooth muscle that lines internal structures is more elastic than skeletal muscle, allowing the intestines and bladder, etc, to contract even when stretched.



Why our bodies need a little fat

Adipose tissue provides the body with an energy reserve and also acts as a shock absorber – particularly on the soles of the feet. The fat cells – also known as adipocytes – contain a large lipid droplet, which takes up almost their entire volume, while their nuclei and other organelles are squashed on the perimeter.

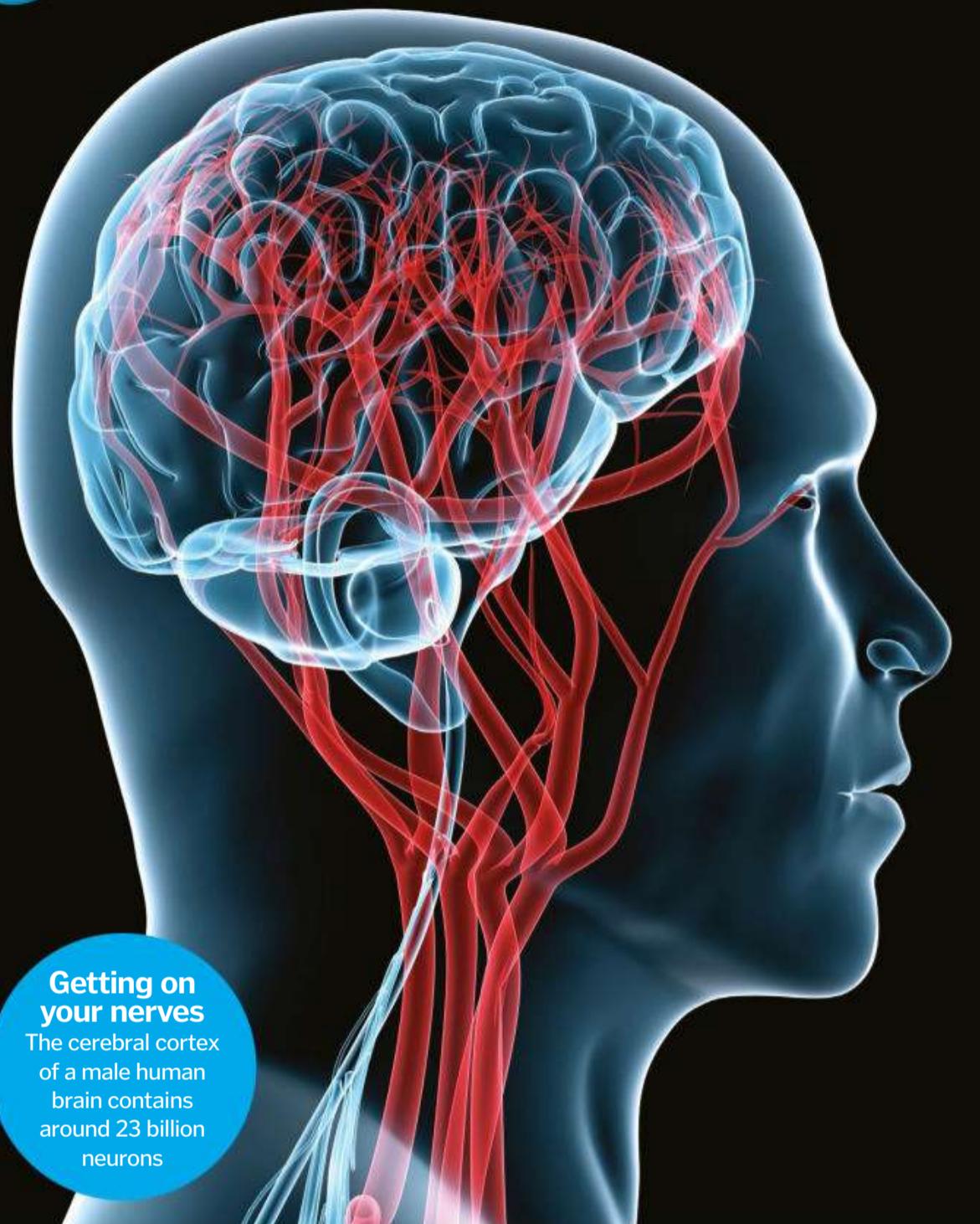
Adipocytes are not just used as storage sacks though; they have important metabolic and hormonal duties too, including involvement in the production of oestrogen.

Humans have a second type of fat tissue known as 'brown fat'. More commonly found in infants, brown fat provides a thermal blanket around the neck and the major blood vessels in the thorax. Brown fat cells are able to generate heat by a method known as uncoupling; instead of using glucose to make energy for the cell in the form of ATP, the brown fat can release the energy as heat. This is thought to be very important in newborns, who lack the ability to keep warm by shivering.



A fatty fact

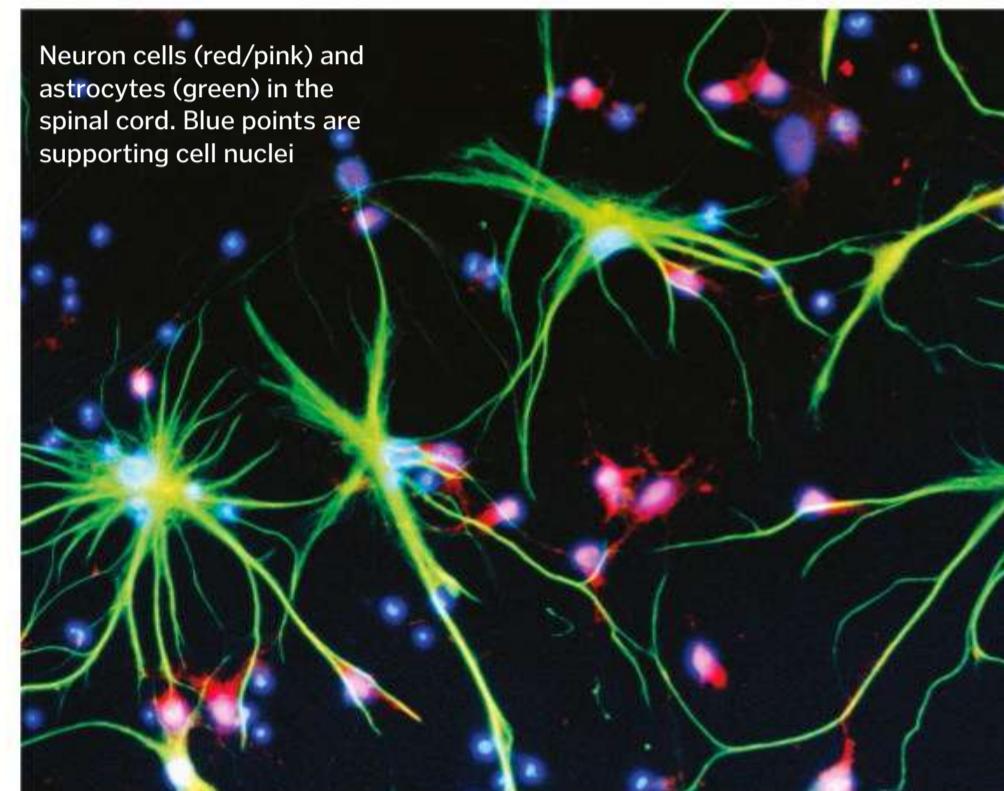
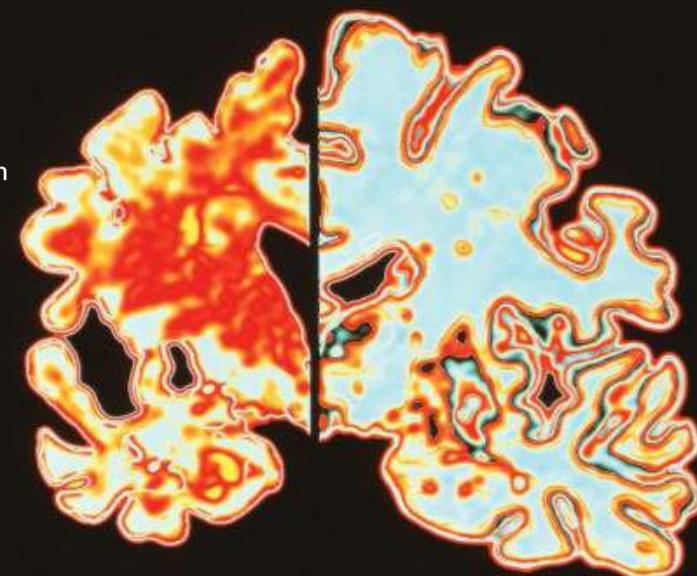
The average human adult will have 30 billion fat cells



Getting on your nerves

The cerebral cortex of a male human brain contains around 23 billion neurons

A scan of a normal brain (right) and another with Alzheimer's (left)



Inside the brain

The brain is made up of two major types of cells: neurons and glial cells.

The neurons of the brain are highly specialised cells, interconnected by long, branching processes. They communicate through electrical 'action potentials', which can travel along the axons at speeds of 1-100 metres (3.3-328 feet) per second.

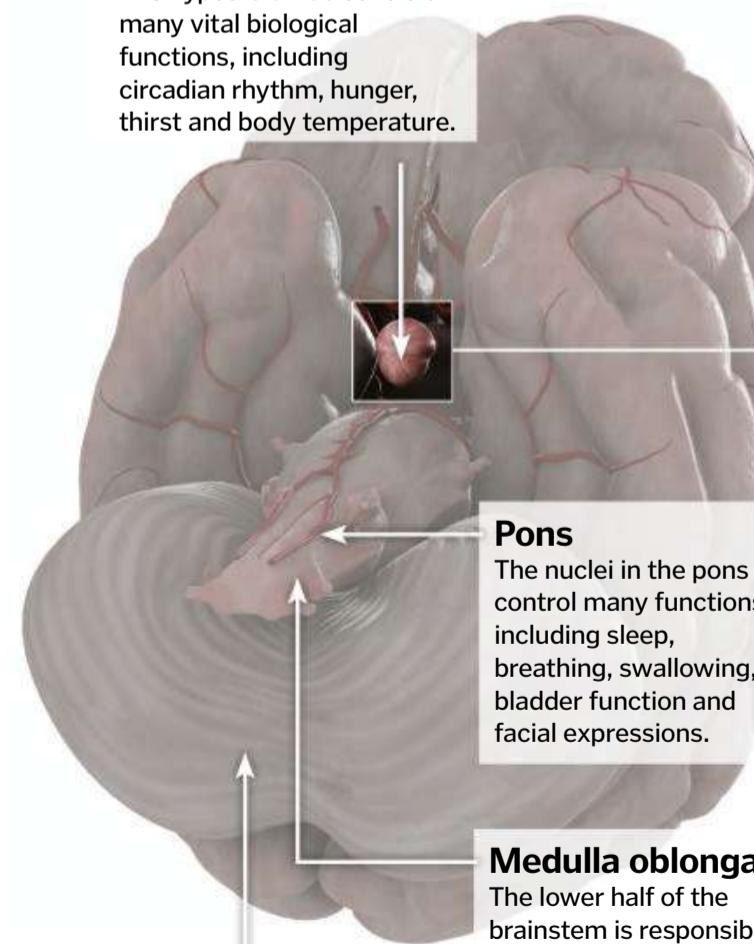
When an action potential reaches the synapse at the end of a nerve, it triggers the release of chemical transmitters, which bind to receptors on neighbouring nerves. Depending on the combination of neurotransmitters released – and the timing – the target nerve will fire, propagating the signal through the brain.

Glial cells, on the other hand, provide support to the neurons and have a variety of specialist functions. Astrocytes help to take up excess neurotransmitters from synapses, preventing neurons from damage due to excessive stimulation, while oligodendrocytes form fatty sheaths in order to insulate nerve cells in the brain and spinal cord.

The brain has significantly more protection than the other organs of the body. It is shielded from mechanical stress by the thick bones of the skull and is suspended in a cushion of cerebrospinal fluid. At the microscopic level, the brain is protected from potential hazards in the bloodstream by the blood-brain barrier – the cells lining the capillaries are joined together by tight junctions, controlling the passage of all molecules and bacteria into the organ.

Hypothalamus

The hypothalamus controls many vital biological functions, including circadian rhythm, hunger, thirst and body temperature.



Pons

The nuclei in the pons control many functions, including sleep, breathing, swallowing, bladder function and facial expressions.

Medulla oblongata

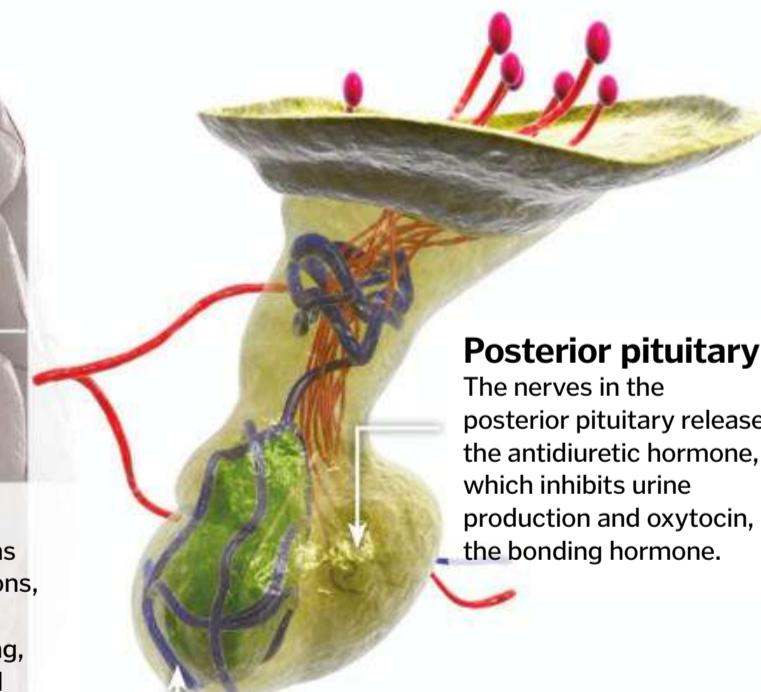
The lower half of the brainstem is responsible for controlling fundamental involuntary functions like breathing and heartbeat.

Cerebellum

The cerebellum has an important role in the co-ordination and timing of movement.

Posterior pituitary

The nerves in the posterior pituitary release the antidiuretic hormone, which inhibits urine production and oxytocin, the bonding hormone.



Anterior pituitary

The anterior pituitary generates several different hormones, controlling growth, thyroid function, fertility and stress.

Fast communication
The fastest nerves in the body can transmit electrical signals at 120m (394ft) per second

What role do hormones play in the body?

Angiotensin

Produced: Liver

Angiotensin causes blood vessels to constrict, raising blood pressure. ACE inhibitors that treat high blood pressure inhibit its activity.

Erythropoietin

Produced: Kidney

Cells in the kidney are sensitive to blood oxygen levels and can release this hormone to encourage production of new red blood cells.

Ghrelin

Produced: Stomach

A chemical signal produced mainly by the stomach. It acts as an appetite stimulant, making you feel both hungry or full up.

Oxytocin

Produced:

Mainly in the brain

This is also known as the 'bonding hormone' and is produced at high levels during and after childbirth.

Cortisol

Produced:

Adrenal glands

The 'stress hormone' helps to increase blood sugar by promoting the breakdown of fat and muscle tissue.

Leptin

Produced: Fat

Made by fat tissue, leptin plays a fundamental role in acting as a fuel gauge and telling the brain just how much fat is stored in the body.

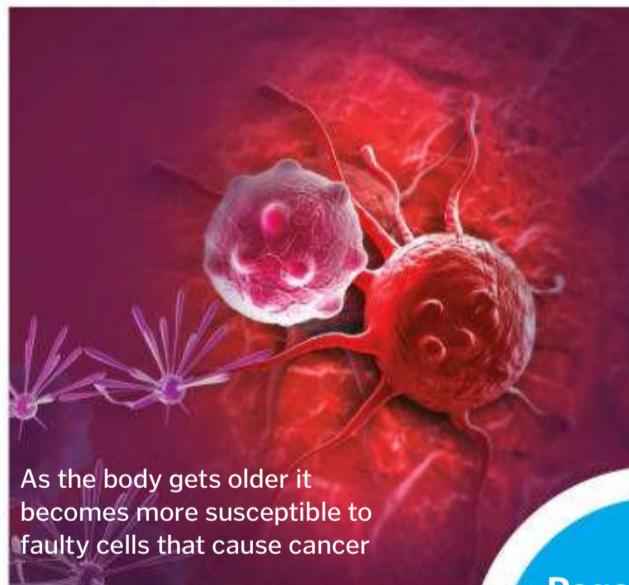
The ageing body

The human body changes as it ages and the peak time for organ functionality is thought to be around the age of 30. The body has amazing capacity for regeneration, but cells can only divide a finite number of times, and as we get older our ability to repair damaged tissue decreases.

Dramatic changes, such as the menopause, produce obvious effects on the body. Female sex hormones are not just involved in reproduction, but also play a role in other processes, such as the maintenance of bone density. In the absence of oestrogen, bone mineral density decreases, which can lead to osteoporosis. A similar, but less dramatic, effect can be seen in men as testosterone levels begin to drop.

Similar decline in functionality can be observed throughout the human body; collagen in the skin begins to decrease, insulated axons in the brain shorten, and DNA damage accumulates, leading to an ever greater risk of cancer.

However, it's not all bad. Life expectancy is on the increase, and scientists are coming closer to understanding – and being able to slow – the complex processes of human ageing.



As the body gets older it becomes more susceptible to faulty cells that cause cancer



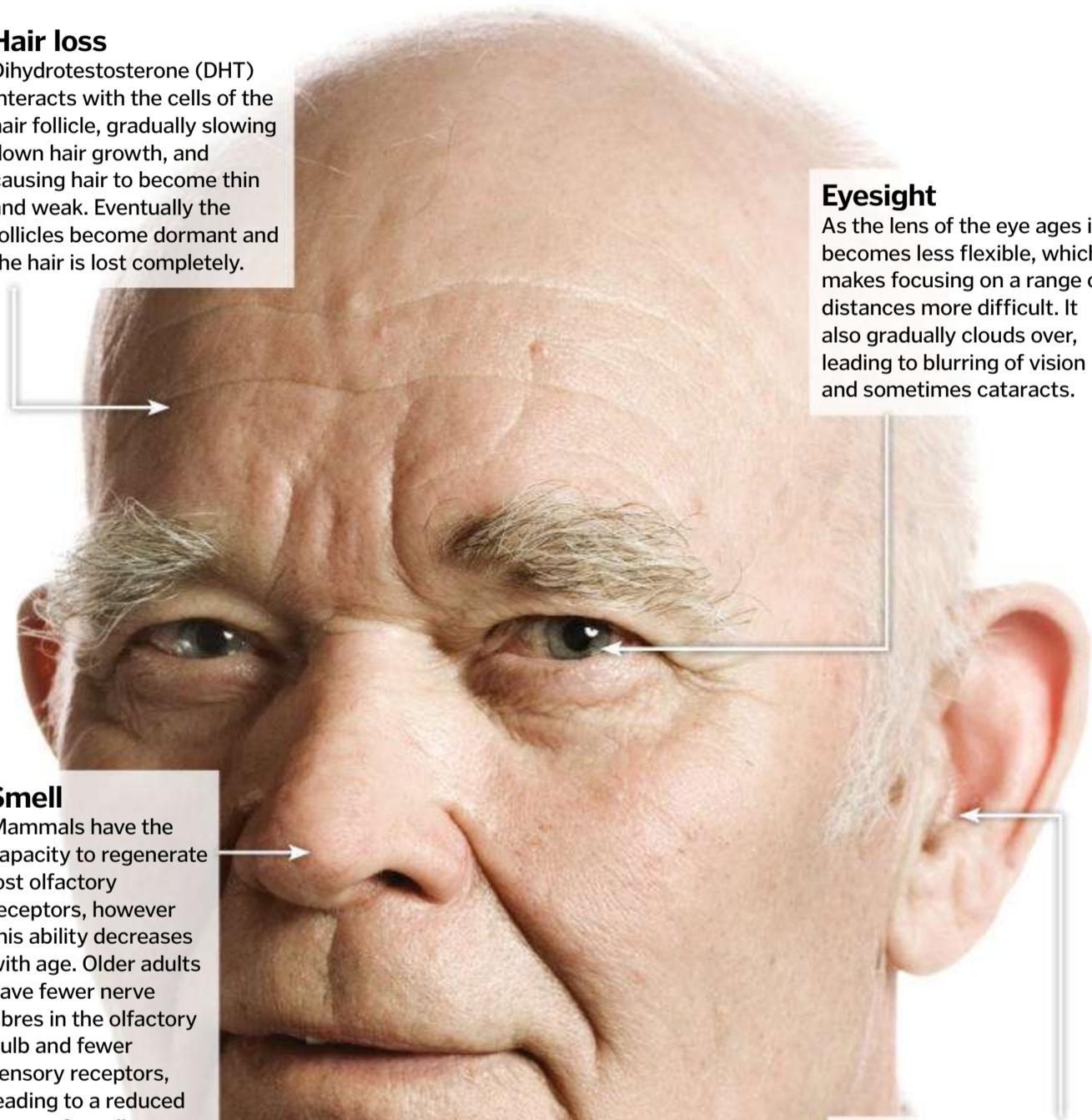
Arthritis is the main cause of disability in over-55s in industrialised countries

Regeneration

Just 25 per cent of a liver can regenerate to form an entire, functioning organ

Hair loss

Dihydrotestosterone (DHT) interacts with the cells of the hair follicle, gradually slowing down hair growth, and causing hair to become thin and weak. Eventually the follicles become dormant and the hair is lost completely.



Smell

Mammals have the capacity to regenerate lost olfactory receptors, however this ability decreases with age. Older adults have fewer nerve fibres in the olfactory bulb and fewer sensory receptors, leading to a reduced sense of smell.

Hearing

The auditory hair cells of the inner ear are delicate and, over time, become damaged or die. Unlike other cells in the body, these specialist sensory receptors are unable to regrow, leading to permanent hearing loss.

Wrinkles

Fibroblasts are responsible for producing the collagen support network that lies beneath the skin. As we get older, the cells produce less and less collagen, contributing to the formation of wrinkles.



YOUR FIRST YEAR

What happens to the human body
in the first 12 months of life

We are born well before we're ready to fend for ourselves, but we learn faster in our first three years than we will for the rest of our lives. So how do we get from vulnerable newborns unable to lift our own heads to walking, talking toddlers?

BIRTH

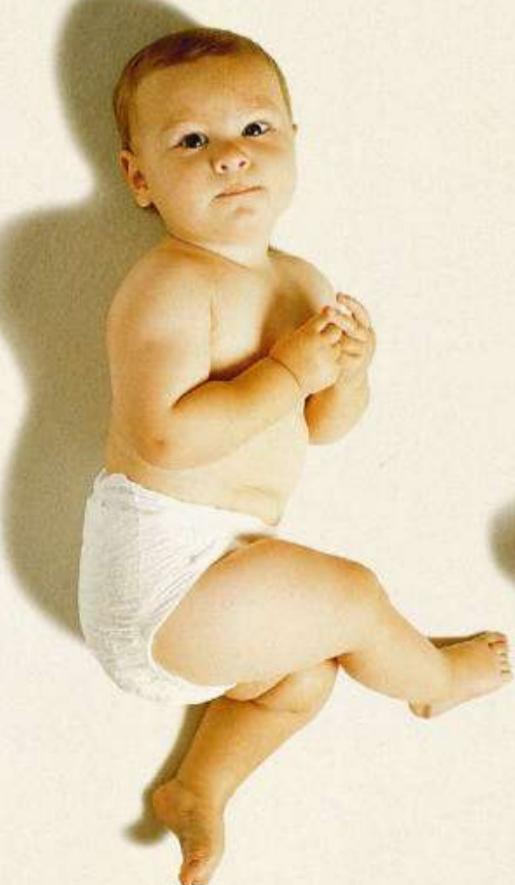
Babies enter the world with a lot of growing left to do. From around 35 weeks of pregnancy babies start becoming cramped. As the foetus gets bigger it demands more and more energy, and there's only so much that the mother can supply. Before they are born, their growth starts to slow.

Entering the world for the first time is a shock to a baby's system, and the first days of life are critical. Until the moment they emerge from the womb, their mother's body has supported every

one of their needs. She maintains a constant temperature, digests food to supply nutrients and breathes to supply oxygen. She also deals with waste and fends off infection. Then suddenly the baby has to fend for itself.

As it hits the cold air of the delivery room, a powerful inward breath pulls its lungs open and fills them with air. In the safety of the womb, all the oxygen the baby needed came from the umbilical cord. The lungs were full of amniotic fluid and the heart diverted blood past them through a hole called the foramen ovale and a tube called the ductus arteriosus. Suddenly the baby needs to breathe. The hole in the heart slams shut and blood rushes into the lungs. Within hours or days after birth the tube, and another that carried blood from the umbilical cord to the heart (ductus venosus), closes too.

DID YOU KNOW? A newborn's heart beats between 110 and 160 times a minute, taking a breath up to once every second





The other organ systems also spring into action. The baby has been practising breathing and swallowing in the womb, and the kidneys have already started working. Within 24 hours the gut starts moving, passing a dark green or black, tarry substance called meconium. It contains bile, mucus, amniotic fluid and anything else the baby has ingested in utero. Once this fluid is out of the way milk digestion can begin.

The newborn stomach is tiny — barely the size of a marble — so the baby needs to wake every few hours to feed. It can only take a few small mouthfuls at a time. The mother produces a thick, golden-yellow breast milk called colostrum. It's packed with energy but is lower in fat than normal breast milk, which newborns can find hard to digest. Instead, it's full of protein — perfect for a growing baby.

Colostrum has a mild laxative effect, which helps to get the baby's gut moving, and it comes with a secret weapon: antibodies. These neutralise bacteria and viruses, sticking them together and triggering their destruction. Throughout pregnancy they cross from mother to baby via the placenta, but this type of immunity is only temporary. The baby will be able to make its own, but this takes a few months. In the meantime, colostrum provides a boost, helping to stave off infection.

The newborn has some tricks of its own to help it survive this vulnerable time. Though they have a lot to learn, babies are born with some vital reflexes built in. These include simple things like blinking, swallowing and yawning, along with more complicated responses.

The rooting reflex makes the baby turn their head or open their mouth when something

touches their cheek or lip, and the suck reflex makes them suck if something touches the roof of their mouth. These instincts help with feeding.

Then there are the Moro reflex and the palmar grasp reflex. The first happens when a baby feels as if they are falling. They extend their arms and legs and arch their backs before curling up. The second makes the fingers and toes curl if you touch the palm of their hand or the soles of their feet. Together they help the baby to survive.

"Babies are born with vital reflexes built in"

FIRST WEEKS

Brand new babies can hear and respond to noises and are born with the beginnings of communication. They will turn

their head towards light and sound, make out the face of the person holding them and cry when they are in need. It only takes a few weeks for these skills to start to improve. They rapidly start to recognise the voice of their mother, and soon they begin to make different noises, cooing and gurgling as well as crying.

For the first few weeks babies can only focus on objects right in front of their faces, and their eyes frequently cross. At this stage their hand-eye coordination is poor. Very young babies will investigate their own hands and fingers, but they can't yet use them properly, and they often keep their hands in fists.

Inside, their bodies are undergoing rapid change fuelled by milk. If the baby is being breastfed, normal breast milk has now replaced colostrum. It's higher in fat and contains enzymes that help the digestive system to access the nutrients. It's also packed with sugars. Not only do these provide energy, they also help friendly bacteria to colonise the large intestine.



Why do babies sleep so much?

Brand new infants spend around 16 hours a day in the land of nod. At first they wake often to feed, but by the time they are 12 weeks old and weigh on average 5.7 kilograms they begin to sleep for longer periods.

Like adults, babies cycle through four sleep stages. They begin with the lightest dozing before a gradual drop into the deepest slumber, and this rhythm starts when they are still in the womb. Between these cycles they go through phases of rapid eye movement (REM) sleep, spending up to half of their sleep time dreaming.

Early work suggests that sleep is important for consolidating learning and for brain plasticity. In other words, it helps with the strengthening and pruning of connections between different nerve pathways in the brain. Some studies suggest that inadequate sleep may cause problems in the refinement of nerve connections. However, it's still early days and scientists need to do more research to confirm these findings.

TWO MONTHS OLD

Babies spend much of their time eating and sleeping, and their bodies start to grow rapidly. In the womb, cells divide constantly to form tissues and organs, but after birth growth shifts. Rather than making new cells, babies increase the size of the cells they already have.

The tissues of newborn babies are very different to those of children and adults. There is more fluid around their muscle and nerve cells, and they have less cytoplasm inside. As the baby develops this balance shifts. Muscle cells expand, filling with cytoplasm and molecules involved in contraction. Nerve cells extend, strengthening connections and making new ones, and the amount of fluid outside these cells starts to fall. With newfound strength, babies learn to push up with their hands when placed on their tummies and start to hold their head a little steadier, their movements becoming less jerky and more coordinated.

Fat continues to quickly build up under the skin, helping to keep the infant warm. By the

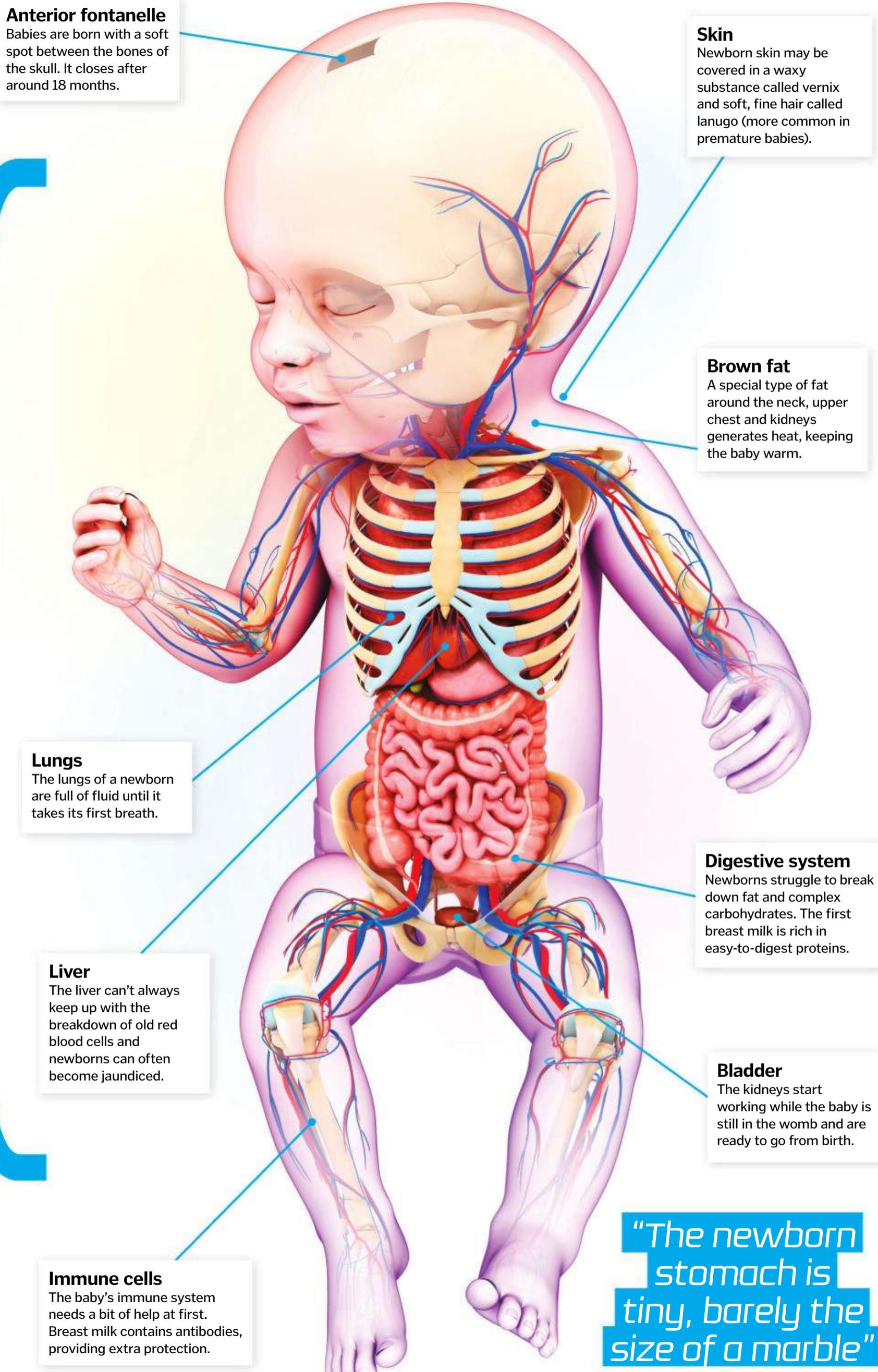


Babies are ready to try their first meal at around six months old

DID YOU KNOW? The average length of a full-term newborn is 50–51cm. By their first birthday, they've grown by 25cm

BABY ANATOMY

Babies are more than just miniature adults — they have their own unique anatomy





two month mark babies are already starting to develop social skills. They begin to follow things with their eyes and recognise people at a distance, and they begin to smile and laugh.

HALFWAY THROUGH

Babies can finally hold their heads steady at around 16 weeks of age. They will also start to push down with their legs if they're held above a hard surface, and by six months they can roll over, push up to a crawling position and even stand with support.

At around this time babies also begin to use their hands and eyes together. They reach for objects and rake with their fingers to grab them, and they start to use their mouths to explore objects further. With all this extra strength and coordination, the grasp and Moro reflexes are no longer needed. These early fail-safes fade away. Babies start to learn to pass toys from one hand to the other.

Their eyesight improves too. By this stage they are becoming more perceptive to the subtleties of different colours, and they start to copy facial movements. They recognise and express emotion and begin to find their voice. They blow raspberries and start to make consonant sounds like 'ba', 'da' and 'ga', using noise to get attention and to express themselves. They will also start to recognise words, especially their own name.

To fuel all this progress, six-month-old infants often switch to solid food. As the baby grows, the fat content of breast milk has been increasing from about 2g/dL of colostrum (grams per decilitre, equivalent to 100 millilitres) to 4.9g/dL.

"To fuel all this progress, six-month-old infants often switch to solid food"

It has provided energy and contributed to a growing store of fat under the skin. But now the digestive system is ready for more.

A newborn's digestive organs are not only smaller than an adult's, but they also work differently. They make different quantities of enzymes and bile and they operate at a different pH. But at six months old things are starting to change. The first teeth come through, starting with the bottom front teeth then the top. Swallowing improves and the digestive system will start to produce enzymes to break down complicated meals.

FIRST BIRTHDAY

By their first birthday, babies are starting to develop complex behaviours. They have favourite things and favourite people. They start to understand 'object permanence' — the idea that objects and people exist even though you can't always see them. They look for hidden objects and they begin to grasp the effects of gravity by learning to drop things and watching how they fall to the ground.

They also begin to respond to requests and make demands of their own. They will copy and use gestures like waving, pointing and head shaking. By now they will also understand familiar words and follow

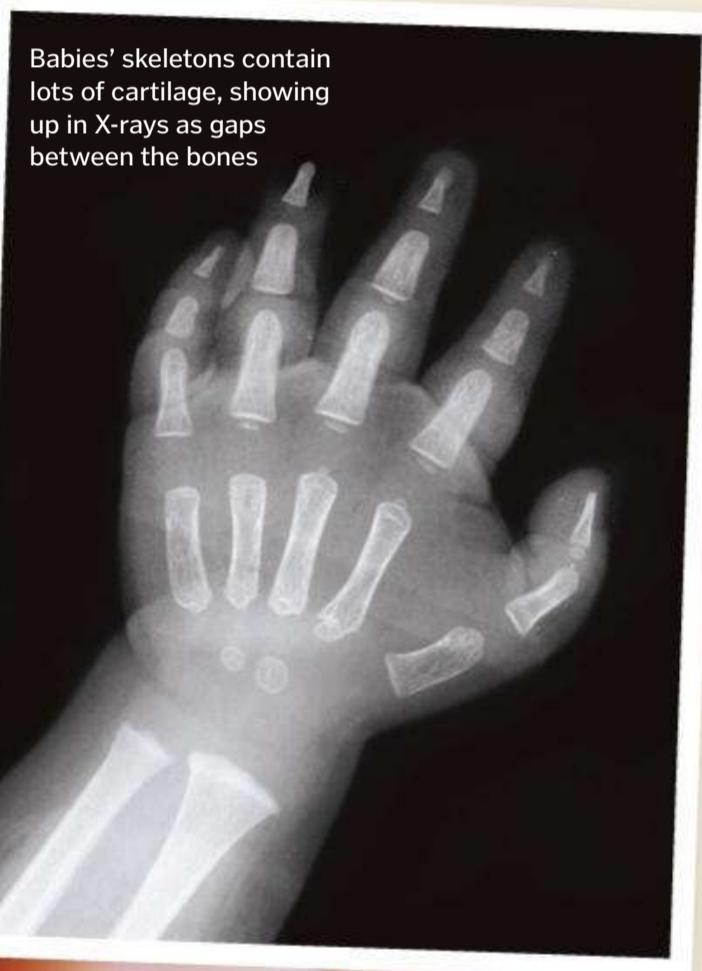
simple directions, as well as being able to help with tasks like dressing. Most importantly of all, they will start to communicate using 'babble'.

Their coordination has by now improved too. The grasp reflex is long gone, and they can move objects easily from one hand to the other. They can pick up small things between their thumb

and forefinger and they will test new objects by shaking and banging. They will begin cruising, holding on to objects and moving around on two legs. Some may even take their first steps.

The hole that shunted blood through the heart when they were born is now fully healed over. Back teeth are starting to come through and the digestive system is processing full meals. The lungs have more air sacs, increasing surface area for gas exchange, and the brain has developed billions upon billions of new connections.

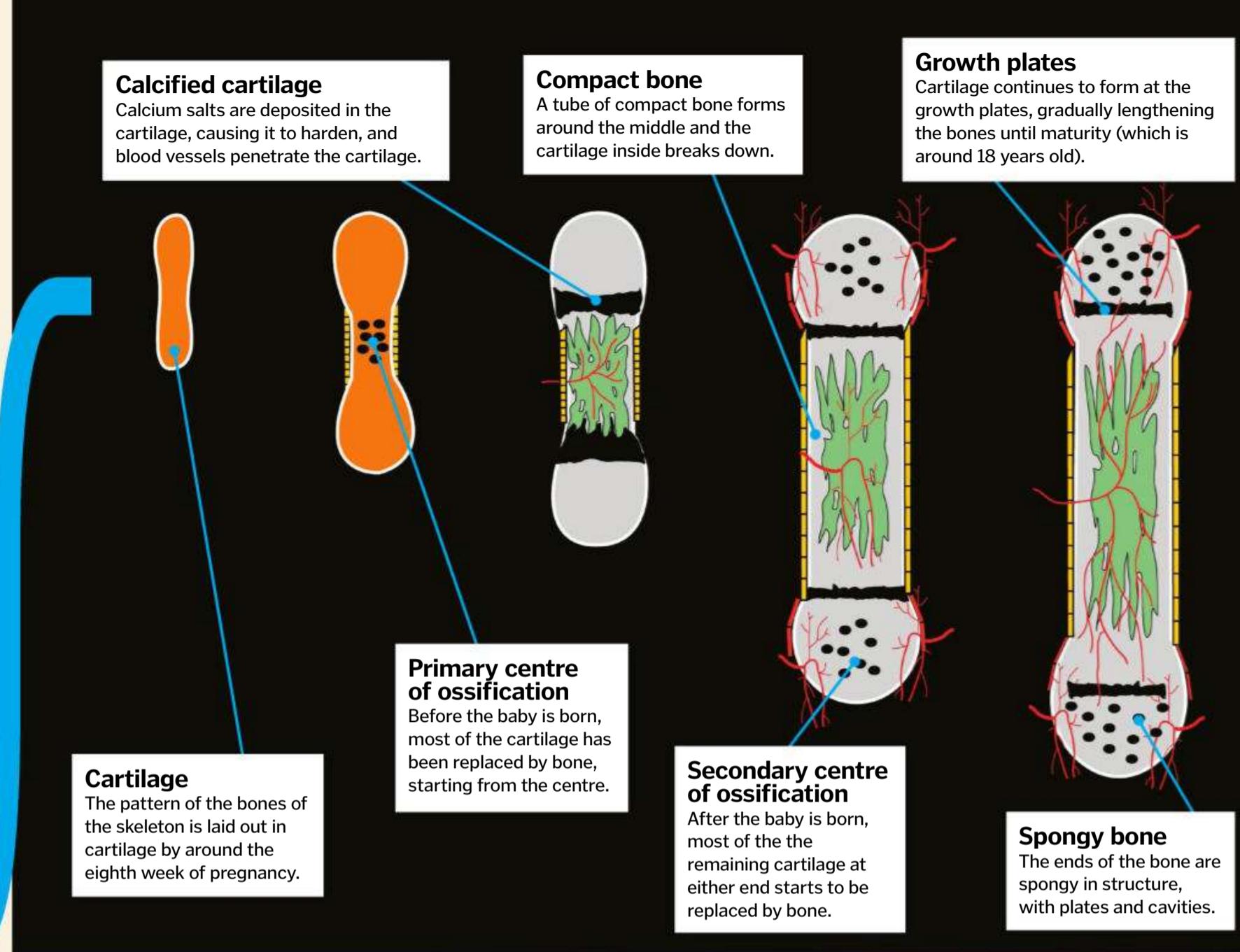
Over the coming months, babies transform into toddlers. As they begin to develop their understanding of the world, they start wanting to be more independent. They learn to walk, they start to talk and they even play games. Human babies are born tiny and vulnerable, but in a few short months they are already well on the way to growing up.



DID YOU KNOW? Baby boys gain around 6kg in weight in their first year. Girls, on the other hand, gain around 5.5kg in weight

BRAIN DEVELOPMENT / HOW BONES GROW

Skeletons start out as cartilage and gradually turn to bone



Newborn brains grow from 25 to 90 per cent of adult volume in just five years

Birth

From the moment of birth, babies' brains start making millions of new connections every minute.

Sensory (yellow)

Babies have to make sense of the world around them. Connections involved in vision and hearing are the first to develop.

Language (blue)

It takes babies six months to develop the connections they need to start recognising words and trying to talk.

Higher cognitive function (red)

Complex thought processes like working memory, imagination and consciousness take years to develop.





YOUR AMAZING BRAIN

Modern neuroscience is unravelling the body's most complex organ and rebuilding it from the bottom up

Brain map

The brain can be divided into distinct structures, each with a specialist set of functions

Memory CEREBRUM

The cerebral cortex makes up the majority of the human brain. It is divided into four lobes, which handle the most complex of tasks, including planning, memory and vision.



Temperature and hydration HYPOTHALAMUS

The hypothalamus is responsible for maintaining equilibrium within the body. It monitors and adjusts a variety of vital parameters, like the body's temperature and hydration.



Hormones

PITUITARY GLAND

This pea-sized gland is connected to the hypothalamus and produces hormones, passing on chemical messages instead of electrical impulses.

Perception THALAMUS

The thalamus is a switchboard for sensory information, connecting the parts of the brain and body involved in perception and movement. It also controls the sleep/wake cycle.

Sleep and dreaming PONS

The pons is another relay station within the brain, allowing nerves in the cerebellum to contact those in the cortex. The pons also plays an important role in the sleep cycle and dreaming.



Breathing MEDULLA

The medulla is responsible for the involuntary functions that keep us all alive, like breathing, swallowing and heartbeat.



Information transfer CORPUS CALLOSUM

Latin for 'tough body', this wide sheet of nerves connects the left and right sides of the brain, transferring information from one to the other.

Visual and auditory systems MIDBRAIN

The midbrain is buried near the centre of the brain and is home to part of the reward pathway, responsible for reinforcing positive behaviours and addiction.



Coordinated movement CEREBELLUM

Cerebellum means 'little brain.' It is the control centre for coordinated movement, making fine adjustments before the signals are sent to the body.

Connects nerves BRAIN STEM

The brain stem marks the end of the brain and connects the nerves to the spinal cord. It contains two distinct structures, the pons and the medulla.

The human brain is the most complicated structure in the known universe. It has taken hundreds of millions of years of evolution to construct, and over the last seven million years, it has tripled in size. It weighs little more than a bag of sugar, but packed inside it are 86 billion neurones, linked together by over 100 trillion connections in a network more powerful than even the most advanced supercomputers ever built.

By far the largest part of the human brain is the forebrain, and like the brains of other mammals, it is covered in a thick layer of neurones known as the cerebral cortex. But in humans, this layer has been massively expanded. The human cerebral cortex has 1,000 times as many neurones as the same structure in a mouse, and it has not yet stopped evolving.

The smallest processing units in the cortex are known as neocortical columns, where each contains thousands of different connections. Over the course of evolution, these neocortical columns have been duplicated over and over again, until space in the skull started to run out. The cortex developed deep ridges and folds to fit more and more processing power into the same tiny space, and if unfolded, would cover an area measuring two square metres (21.5 square feet).

The neurones that make up the brain crisscross over one another in a vast network and each individual cell makes up to 10,000 connections, building the most complex circuit in history.

In 2013, a team at the Centre for Regenerative Therapies in Dresden, Germany, examined the formation of neurone connections in cloned mice. They wanted to learn how much the structure of the brain is influenced by life experience. Because the mice were clones, each was genetically identical, meaning that any differences in their brains would be purely down to their environment.

The mice lived in large cages, with lots of toys and places to explore, and after just a few months, differences became apparent in their brains. The most excitable, outgoing, curious mice had many more new nerves and new connections than their lazier counterparts; their brains had adapted as they learnt.

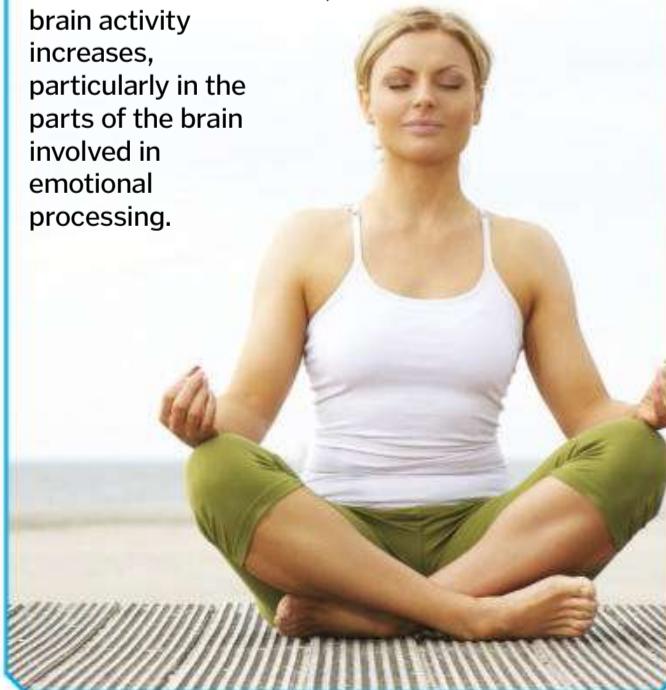
While the underlying fabric of the brain is the same, every neurone in every brain is different, and each makes its own unique path. Every brain is wired differently, and the unique set of connections is based on experiences.

Mapping the connections in the human brain is an enormous task and work is ongoing. The Human Connectome Project, launched in 2009,

Finding peace

Meditation has been practised for thousands of years as a means to relax, think, or to find enlightenment. In 2014, an international team of researchers, based in Norway and Australia, collaborated to understand why it is such a powerful tool.

There are two types of meditation; concentrative, where a person focuses on specific thoughts; and nondirective, where they let their mind wander. By studying fMRI scans of experienced meditation practitioners, the team discovered that when you let your mind wander in nondirective meditation, brain activity increases, particularly in the parts of the brain involved in emotional processing.





is designed to map the intricate connections between all of the neurones in the human brain, in an effort analogous to the Human Genome Project. Computers can be programmed to trace the paths of neurones through brain-scan images, but even the most advanced machines make mistakes, and everything has to be double-checked by a human.

As an alternative, some research teams are trying a new approach, where instead of using computers to analyse the data they are using volunteers. In 2011, the online game *Foldit* made the headlines when players managed to solve a decade-old biological question. By tapping into the spatial skills of videogamers, researchers used volunteers to solve three-dimensional protein puzzles that a computer would struggle to complete. By simply playing the game, hundreds of people worked together to help solve the structure of a protein made by a simian retrovirus that causes AIDS-like symptoms in monkeys.

This approach is now being extended to the field of neuroscience and crowd-sourcing is being used to map the connections between neurones in the back of the eye. Tracking the intricate pathways of neurones in the brain is a difficult task for computers, but people are much better at spotting patterns.

EyeWire is a project designed to map the nerve connections in the human retina. Players are given a half-finished neurone and asked to work through slices of the brain, colouring in the connections. Each cube section is manually checked multiple times by different people, so if someone makes a mistake it is averaged out by the community. More experienced players oversee the work and can make changes if they feel they are needed. This approach speeds up the process by thousands of times.

The science of sleep

By monitoring the brain's electrical activity, scientists are unravelling the mystery of sleep

Hypothalamus

The hypothalamus makes connections with areas of the brain involved in arousal and wakefulness. During sleep, it shuts down their activity.

Suprachiasmatic nucleus

The SCN is the biological clock. It contains just 50,000 neurones and is connected directly to the eyes. When it is light, it releases a powerful 'alert' signal.

STAGE 1

STAGE 2

STAGE 3

STAGE 4

STAGE 5

22:00 23:00 01:00 02:00 03:00 04:00 05:00 06:00 07:00 08:00

Stage 1

The first stage of sleep is the transition period. It is very light and lasts just a few minutes. As the brain shuts down, there can be some twitching as the muscles relax.

Stage 2

As people enter the second stage of sleep, their breathing and heart rate slow down and their body temperature drops. Around half of sleep time is spent in stage-2 sleep.

Stage 3

The third stage of sleep is described as 'deep sleep' and is characterised by the presence of a slow delta-wave pattern, representing the underlying activity of the brain stem.

Stage 4

We spend about ten per cent of the night in this deep sleep stage. Breathing is rhythmic and there is little muscle movement. Blood pressure drops and growth and repair process can begin.

Stage 5

Up to about five times a night, we enter rapid eye movement (REM) sleep. The brain returns to normal levels, but we remain unconscious and have dreams of five to 30 minutes each.

Thalamus

During wakeful periods, the thalamus transmits information to the cortex, but during sleep it becomes rhythmic, generating spindle oscillations, selectively preventing signals from passing.

Pineal gland

This small gland is linked to the retina via the hypothalamus. When it gets dark, the gland releases the hormone melatonin, helping to synchronise the body with the environment.

Cerebral cortex

This is involved in the highest functions of the human brain. Much of it is deactivated during sleep, but during dreaming, parts of the cortex are even more active than when we are awake.

The developing brain



Baby

In order to fit through the birth canal, human babies must be born well before their brains have finished developing, so their brains grow rapidly in their first years. Experiences prompt the development of new connections between nerves, and by the time a baby is two years old, it has 1.5 times as many synapses as an adult.



Infant

Support cells, known as glia, provide protection, insulation and nutrition for the brain's nerve cells. Throughout childhood, they continue to migrate and grow. During the first two to three years of a child's life, the insulating white matter of the still-developing brain begins to form.



Child

By the age of ten or 11, the rapid development of new connections in the brain has ended and a period of trimming and pruning begins. Instead of creating extra pathways, the brain focuses in on the most important, strengthening and insulating those that are used more often and losing ones that are no longer valuable.

Making memories

The human brain has an amazing capacity for retaining information

SENSORY MEMORY

The body is constantly bombarded by sensory signals and most incoming sensory information is retained for less than a second before it is forgotten.



IMPLICIT MEMORY

These types of memories do not require conscious recall and are often based on motor skills. By repeating tasks, like riding a bike or playing the piano, pathways become automatic.



RECOGNITION

The brain is very good at making associations, and incoming information is compared to stored data, allowing us to quickly recall things we already know or have experienced before.

TRANSFER

The hippocampus integrates incoming sensory information, collecting it together as a single experience. It works together with the cortex to prioritise which information to store and which to forget.



EXPLICIT MEMORY

Explicit memories are accessed consciously. They can be stored as episodes, linked to a specific event or place, or stored by category as more abstract knowledge.



ASSOCIATION

Memories are rarely stored in isolation and one pathway is linked to others. Recognition and recall can both trigger other related memories.

SHORT-TERM MEMORY

Without concentrating too hard, short-term memory can hold around seven items for 20 to 30 seconds. Collecting information into discrete chunks, like splitting a phone number up into sections, can help the brain retain more.

RECALL

Human memory is associative; it works by linking pieces of information together. Memories are not stored as individual entities, but reconstructed using several different parts of the brain.

NEURONE CHANGES

If a synapse is used repeatedly, it becomes increasingly sensitive to stimulation, producing more receptors and strengthening the connection.

CONSOLIDATION

Once the trace of a memory is formed, the pathway can be consolidated with use. The more often a synapse is used, the stronger it becomes.

LONG-TERM MEMORY

The hippocampus is essential for the transfer of memories from short to long-term storage. Some of this memory consolidation happens in dreaming as the brain rehearses the day's activities.

SEMANTIC ENCODING

Instead of being linked to an audio memory, long-term memories tend to be stored more abstractly, by concept. Other memories are stored as sensory echoes, allowing entire experiences to be remembered and reconstructed.



Teenager

Trimming and adjusting the brain starts at the back and works forward, continuing into the teenage years. The prefrontal cortex, involved in planning, judgement and emotional control, is the last to be finished. Research also suggests that adolescents' body clocks are wired differently, so they naturally go to bed and wake up later.



Adult

Most growth and remodelling is complete by our early-20s, but new connections continue to form in the adult brain, albeit at a much slower rate than in children. Staying active and providing the brain with engagement and stimulation strengthens existing connections, and new pathways continue to form as we learn.



Old age

Damage to the brain cannot easily be repaired, so as it ages, signs of wear start to appear. Connections are lost as nerve cells wither, or as debris builds up between synapses, and gradually mental function can decline, leading to age-related illnesses like Alzheimer's disease and Parkinson's.

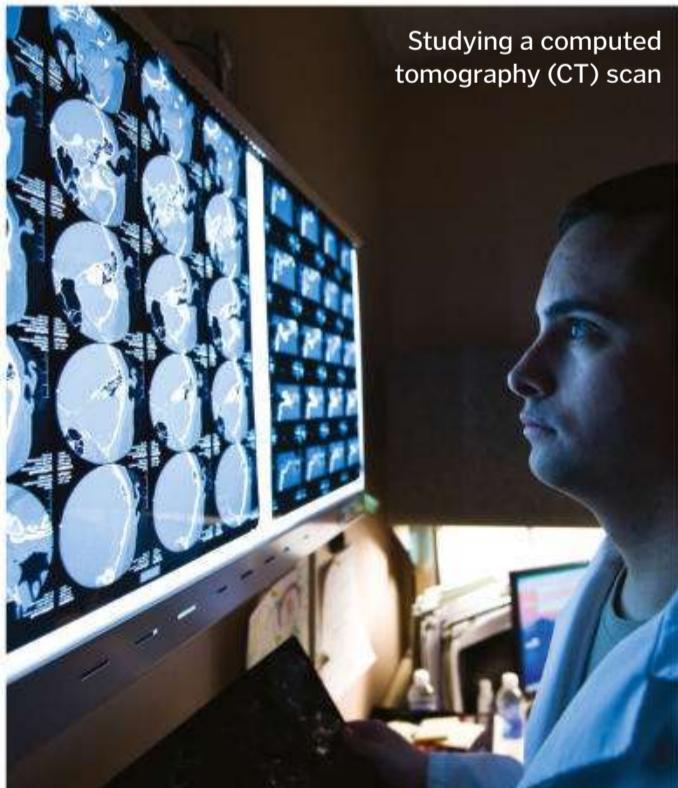


Although projects like EyeWire provide a detailed and biologically accurate picture of what is going on inside the human brain, rebuilding the entire structure using this method will still take decades. The alternative is to simulate the brain, taking what we already know and using it as a scaffold to build the parts we have yet to study. By going back and testing the model brain against the real data, scientists can check that their simulation is working as it should.

Japan's K Computer is one of the fastest and most powerful in the world, and in 2014, 83,000 of its processors were combined in order to simulate one per cent of one second of human brain activity. This was a huge achievement, but it took the machine 40 minutes and barely represented a fraction of the power of the human brain.

The problem is that most modern computers are built on architecture completely different to the human brain. The brain is made up of processing cores, capable of specialising to perform highly specific tasks. They are less precise, but have much more flexibility, and most importantly, the capacity to learn. Memories are not stored in one particular place, and are instead distributed across the network. In contrast, modern computers use programs in order to decide what to do, and they store elements in a hierarchical memory.

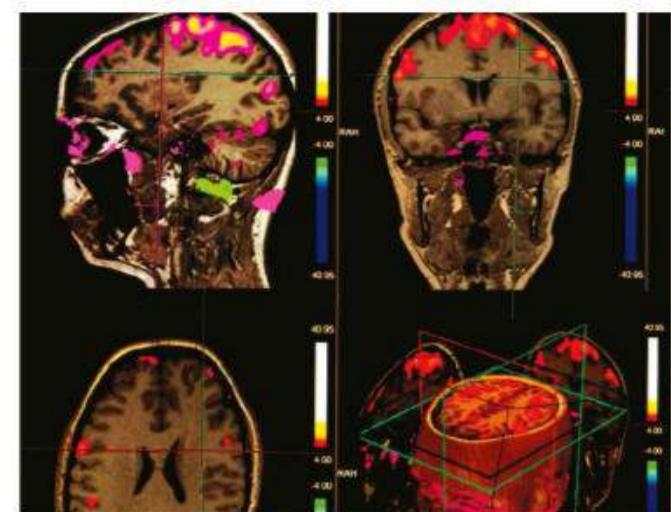
In 2013, the European Commission funded the Human Brain Project with a grant of €1 billion (£800 million/\$1.3 billion) in order to accomplish just that. This ambitious, ten-year endeavour aims to develop cutting-edge computational tools to assist in the understanding of brain function, bringing together the fragments from different disciplines and providing an unprecedented map of human brain activity. The Human Brain Project hopes to use this information to build a supercomputer capable of simulating the network that makes up the human brain. They estimate that it would take one laptop to



Studying a computed tomography (CT) scan

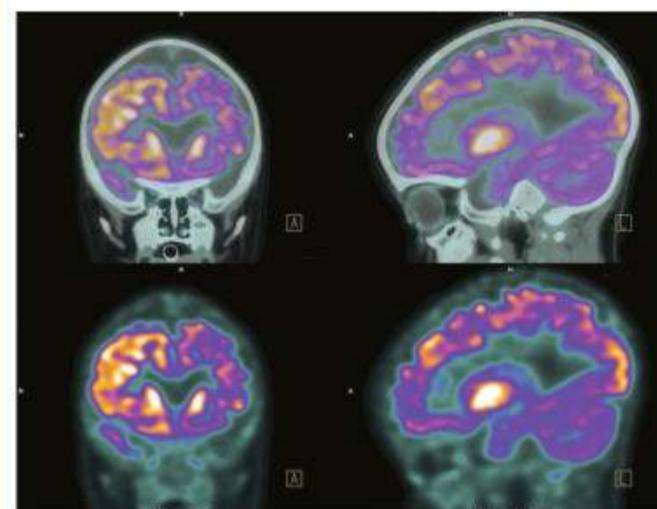
Imaging the brain

Take a look at the most common techniques used to study the living brain



CT

Computed tomography (CT) scans use X-rays to build a three-dimensional image of the brain. The radiation travels at different speeds through different tissues, allowing a density map to be produced. It provides purely structural information and is useful for identifying tumours.



PET

Positron Emission Tomography uses safe radioactive isotopes to measure brain activity. By labelling oxygen or sugar with radioactive tags, blood flow in the brain can be monitored. The tags emit low-energy radiation and as blood is diverted to active regions of the brain, the emissions pinpoint the locations.

fMRI

Functional Magnetic Resonance Imaging detects the amount of oxygen present in the blood, allowing brain activity to be mapped. When regions of the brain become more active, their demand for blood rises and they light up on the image. It captures a picture of the activity of the entire brain every two seconds.



Brain damage

Different injuries affect the brain in different ways

SEVERE

If the injury is severe, the patient is no longer able to respond to sensory stimulation. Their eyes remain closed and there is no response at all to verbal cues.

MODERATE

When brain injury is more severe, verbal communication starts to break down and patients no longer respond normally to pain.

MILD

With mild brain injury, patients may be confused, but they remain aware, conscious and conversational.

Focal injury

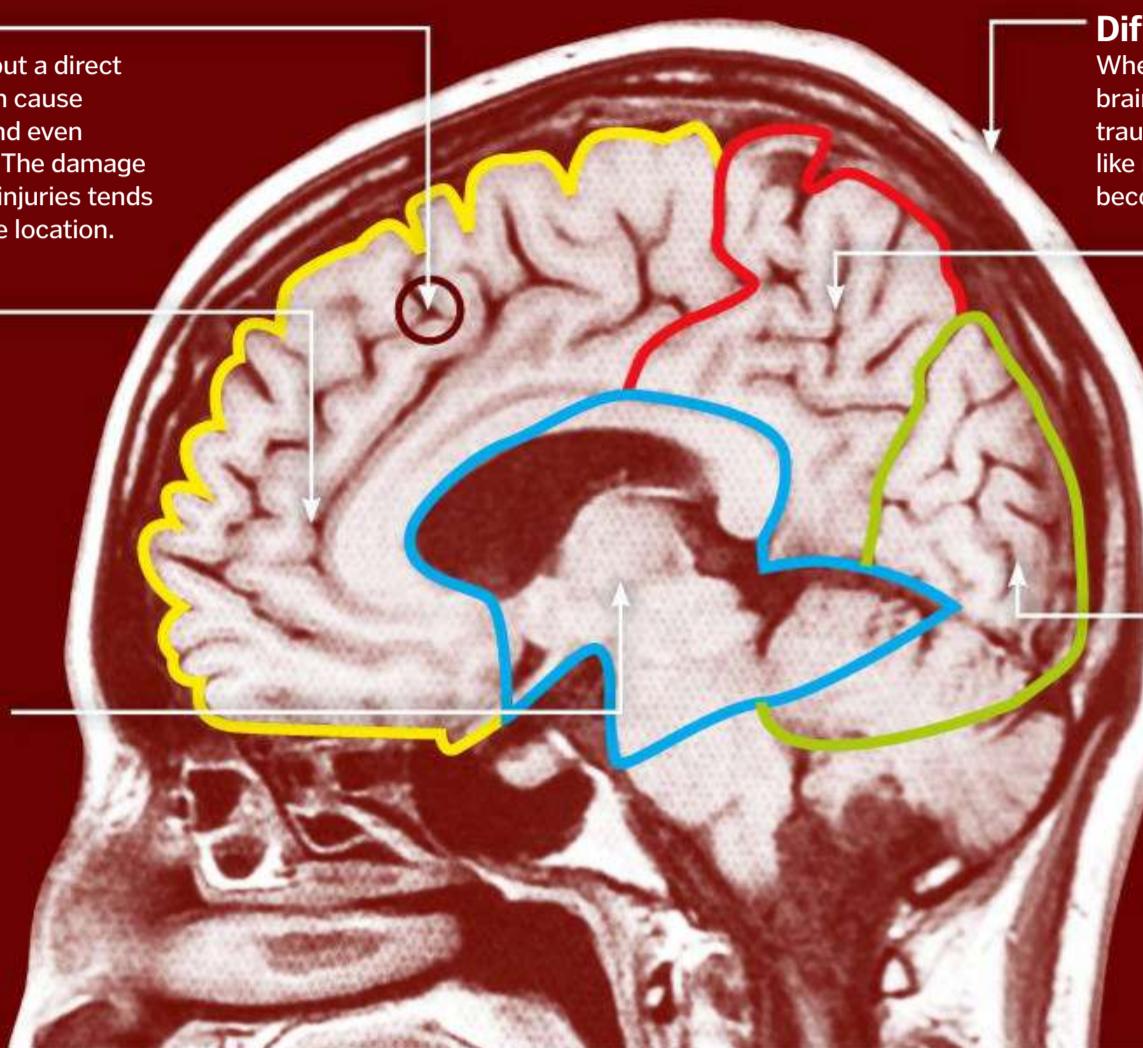
The skull is strong, but a direct blow to the head can cause bruising, bleeding and even penetrate the brain. The damage from these kinds of injuries tends to be focused on one location.

Frontal lobe

Damage to the frontal lobes affects higher cognitive functions like reasoning, social interactions and emotional regulation.

Temporal lobe

Damage to the temporal lobes can interrupt the formation of visual and long-term memories, as well as processing incoming sensory information.



Diffuse injury

When the blood supply to the brain is interrupted, by trauma, stroke, or infections like meningitis, large areas can become damaged.

Parietal lobe

Damage to the parietal lobes affects spatial awareness and the ability to understand the three-dimensional environment, either visually or by touch.

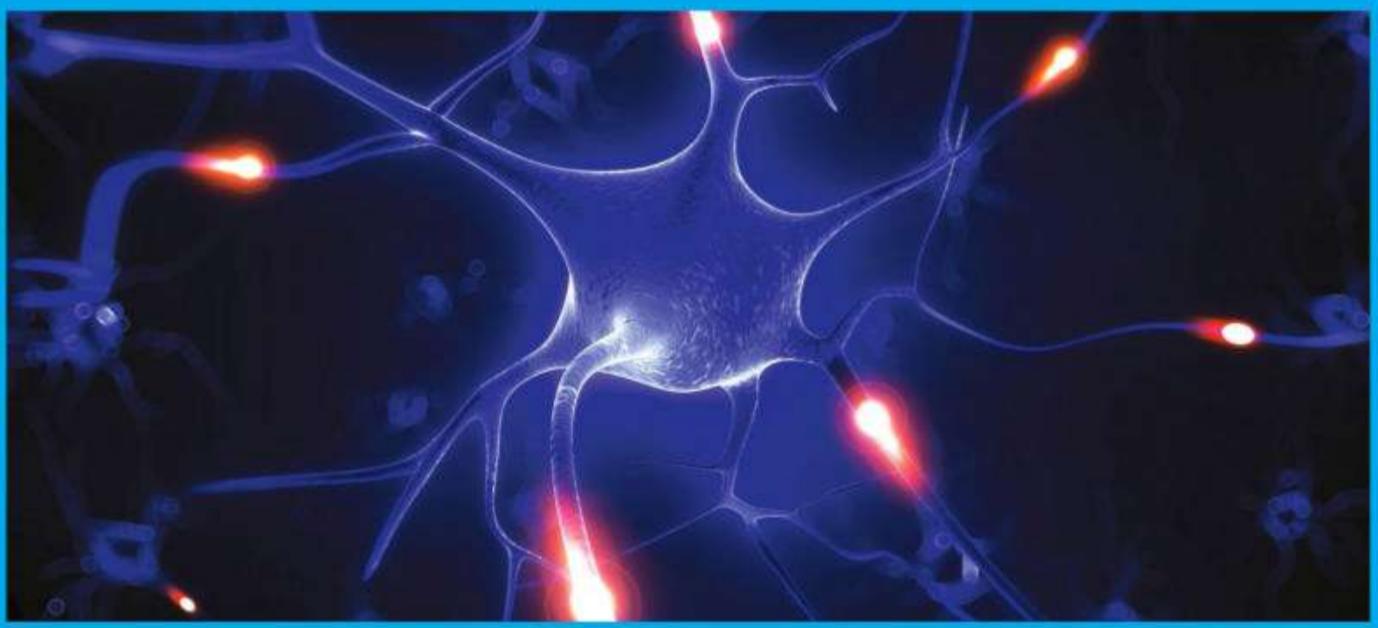
Occipital lobe

The occipital lobe is responsible for vision, so injury to the back of the head can result in visual problems, ranging from temporary blurring through to 'seeing stars' and to permanent blindness.

Can the brain heal?

The human brain has limited capacity for repair, so once a region is injured, it cannot be replaced. The damaged cells are removed and support cells known as astrocytes divide to form a wall around the gap to seal off the area. The space then becomes filled with fluid. However, all is not lost.

The human brain is a remarkable organ and although it cannot repair itself as such, it is able to adapt. Nerves are not fixed in their function, or their connections, so if a part of the brain is injured, new connections can be made to bypass the damage. The amount of function that can be regained depends on the location and severity of the injury and can be greatly aided by rehabilitation, encouraging the formation of new pathways in the brain.



simulate the activity of one neurone and are working closely with IBM to develop powerful neuromorphic supercomputers.

Neuromorphic chips are computer chips modelled on the architecture of the human brain. IBM released a chip modelled on the human brain in 2014. Known as the SyNAPSE chip, it has one million 'neurones' connected by 256 million 'synapses.' They are arranged into 4,096 'synaptic cores', which function in parallel with one another, just like the processing cores in the brain. Just like the brain, they operate on demand and can compensate if one core happens to fail.

By feeding these computers with inputs that mimic biological signals, scientists can then

examine the electrical activity and can see where information is being processed and stored.

The project is a collaboration between over 100 institutions in 24 countries.

New technology is the key to modelling a structure as complex as the human brain, and other international efforts are also in place to provide new technology. In 2013, US President Barack Obama announced the Brain Research through Advancing Innovative Neurotechnologies (BRAIN) initiative. The NIH (National Institutes of Health) allocated £24 million (\$40 million) in 2014 to develop new technologies to find the best way to understand the brain. In order to break the brain down and rebuild it accurately, the

project combined silicon-based techniques and advancements in stem-cell biology, brain imaging and medical drug development.

The practical applications of this future technology are incredible, but we are already able to interface with the brain in more ways than ever before. Light-sensitive retinal implants can restore sight to the blind by sending electrical signals to the optic nerve, while auditory brainstem implants communicate sound signals directly to the brain in patients who are profoundly deaf.

However, one of the most incredible technological developments of all is the BrainGate system, first revealed in 2006. The technology



Cutting-edge neuroscience

The human brain is one of the most complex structures in the known universe and understanding how it works is an enormous scientific undertaking. Modern neuroscience brings together experts from a huge array of fields and by using a combination of the most advanced technologies, medical techniques, biological research and computational modelling, scientists are finally beginning to untangle the many profound mysteries of the human brain.

Building a brain

Large-scale projects aim to simulate the human brain at every level

DNA and neurotransmitters

At the molecular level, scientists are able to manipulate the 3D structures of proteins using computer programmes, and to model the effects that changes might have. Such techniques are hugely useful in drug design.

Nerves and support cells

In order to gain a proper understanding of how the brain functions, many scientists advocate a bottom-up approach. By creating digital neurones based on the underlying rules and principles of biology, it is hoped that the complex network of the brain can be simulated.

Neural pathways

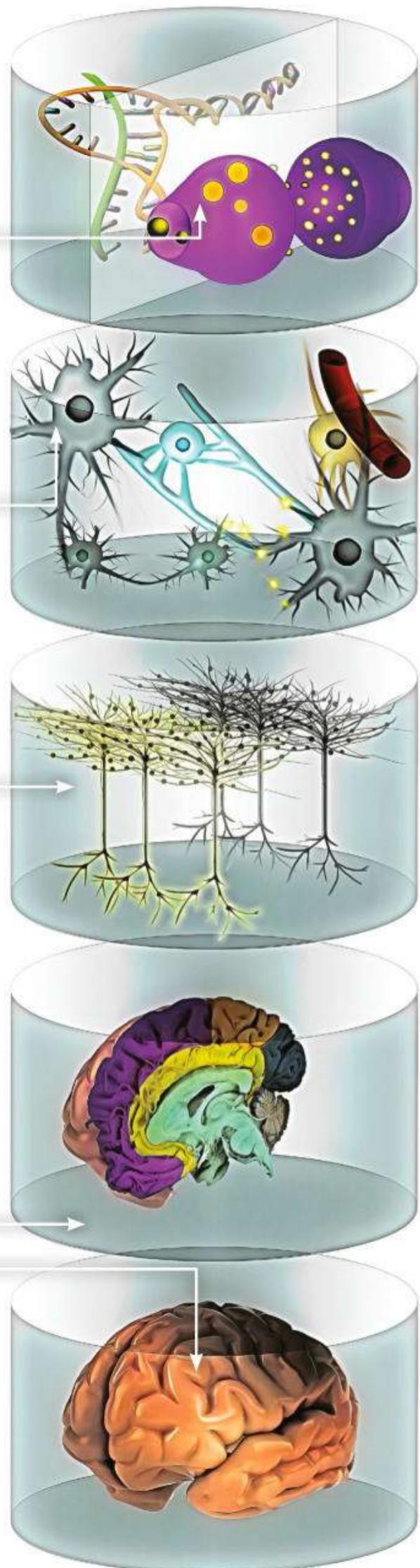
Some projects aim to map all of the connections in the human brain, generating a 3D representation of the intricate wiring. Others aim to simulate the process, allowing the computer to make its own connections based on biological rules.

Lobes and structures

Simulations will allow information about different structures in the brain to be integrated, enabling scientists to more closely examine the interactions between different areas, or even to remove one region and study it in isolation.

Whole brain

In 2013, the K Computer in Japan carried out one second of simulated human brain activity. With 705,024 processor cores, it took the machine 40 minutes to simulate a network just one per cent of the size of the human brain. Advanced processors due in the next ten years or so will increase this capability significantly.

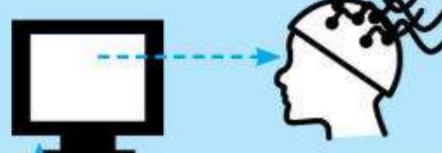


How mind control works

Simple equipment and complex computer programming allow our thoughts to be transmitted over the internet

EEG recording

As the sender watches the game, he decides to fire the cannon, generating a recognisable EEG signal.



Signal analysis

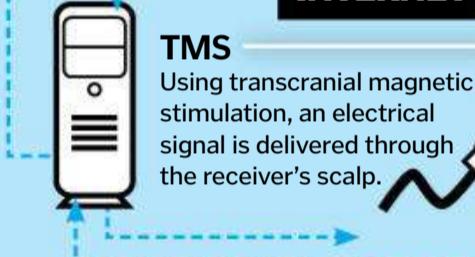
The signal is sent to a computer, where it is compared with a known pattern. If it is a match, it is transferred.



Wireless transmission

There is no need for the two brains to be physically connected; the digital signal is transmitted over the internet.

INTERNET



TMS

Using transcranial magnetic stimulation, an electrical signal is delivered through the receiver's scalp.

Push the button

The artificial signals trigger the receiver to push the button. The key press is relayed back to the first computer, winning the game.



Mind control

In a groundbreaking experiment in 2013, researchers at the University of Washington successfully linked two human brains together and proved their principle with a video game.

The city is under attack by pirates, where player one, the sender, must intercept their rockets. They can see the screen and are armed with a cannon, but they do not have a keyboard and cannot press 'fire'. Player two, the receiver, is sitting in another room; he cannot see the game, but he does have a keyboard. Player one thinks about firing the cannon, and fractions of a second later, player two pushes the button, saving the city and winning the game.

Player one was wired up to an electroencephalogram (EEG) and his brain activity was being monitored. When he was thinking about pressing the button, there was a characteristic signal in the 'mu band' of the EEG, triggering the program to send a wireless signal to player two.

Player two was wearing a specially designed coil on his scalp that generated a magnetic field, positioned over the part of the brain that controls contraction in the right hand. The signal from player one was converted into magnetic stimulation, which in turn triggered electrical activity in the brain, causing player two to involuntarily fire the cannon.

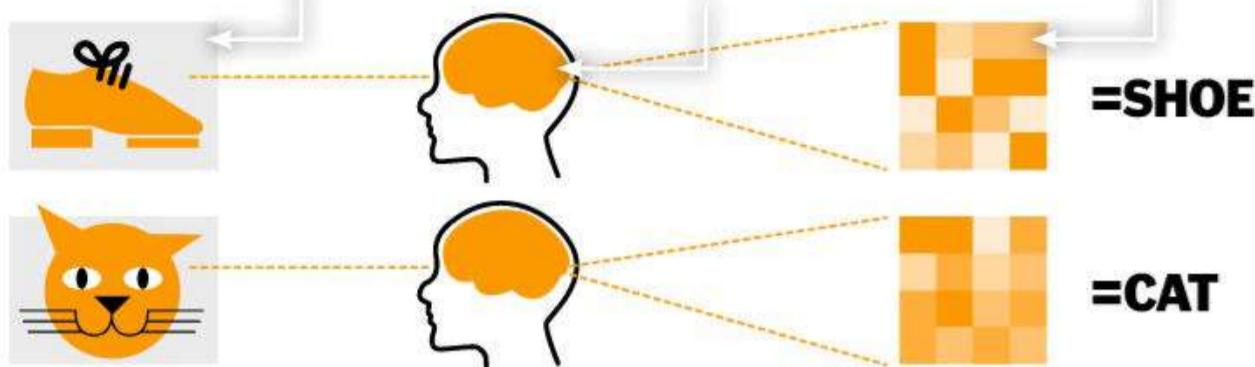
Decoding the brain

Computer programs can learn to decode brain-scan data and essentially read our thoughts

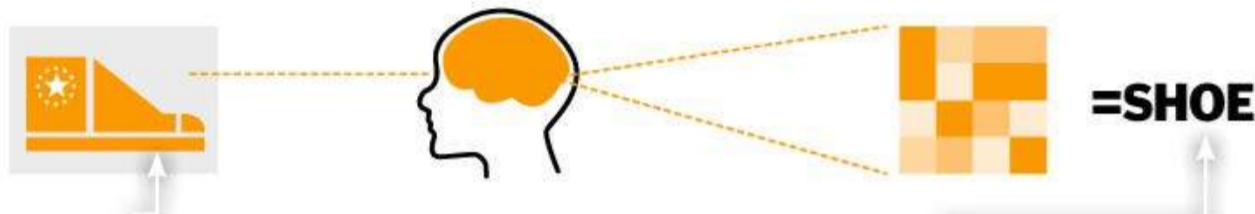
Training images

The program is trained using a series of images, alongside their corresponding fMRI patterns.

TRAINING



TESTING



Test image

When the subject is shown a new image, the program searches through its training database to find the nearest match.

A machine that can read your mind

Have you ever wished someone else could see what you can see? In 2011, a team at the University of California, Berkeley, developed a program that could tell what film you were watching just by reading your brain activity. The program could even read the images you were watching and display them on screen.

Volunteers were shown hours of video clips and for each one, their brain activity was mapped using functional magnetic resonance imaging (fMRI). The

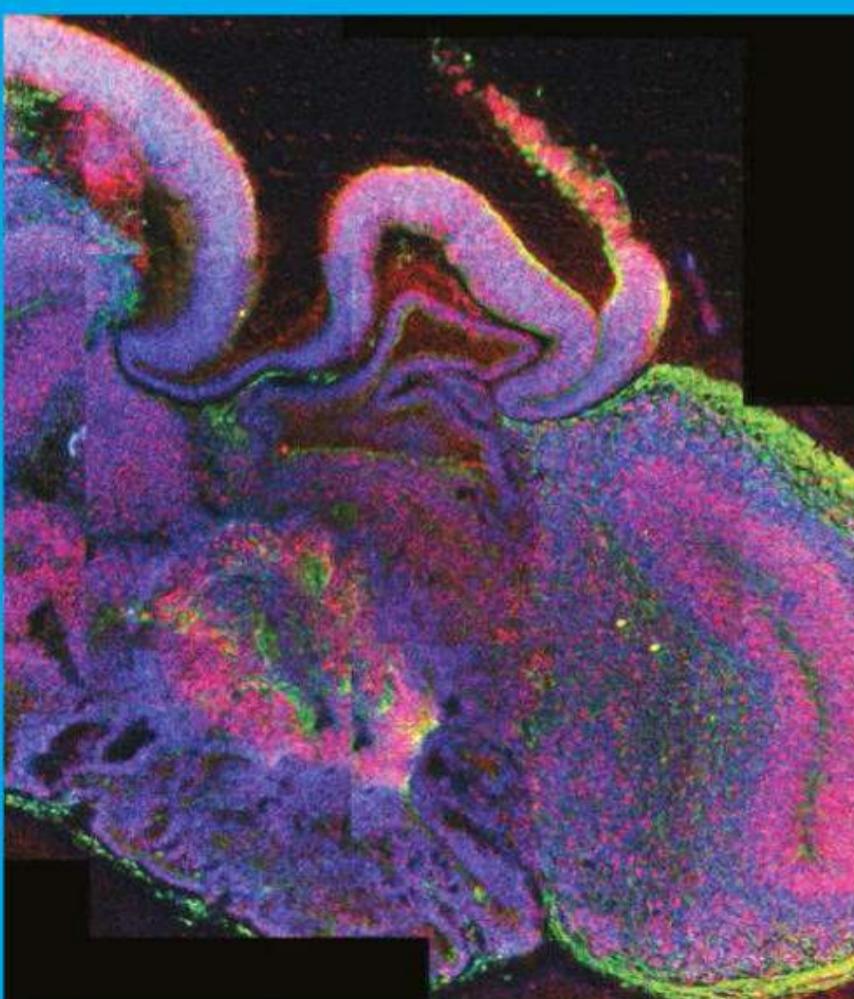
program was then trained to associate patterns of brain activity with their corresponding images.

Using this data set as a reference, the program was then shown new fMRI data recorded as people as they watched unknown clips. The program was able to compare the new data against its training data and guess what the test subject was watching by compiling and averaging the closest matches in to moving collages. The resulting images were eerily close to the originals.

Growing a brain

In 2013, scientists at the Austrian Academy of Sciences achieved something incredible; they grew part of a human brain in a Petri dish. Using a combination of embryonic stem cells and stem cells taken from adult skin, the team recreated the neuroectoderm; the embryonic structure that goes on to form the brain and the spinal cord.

The cells were put in three-dimensional scaffolds to give them something to grow around, and then given nutrients and oxygen and allowed to develop. Amazingly, the structures organised themselves into something resembling the brain of a nine-week old foetus. Some contained the pigmented cells of a retina, others developed a cortex and some even had a hippocampus. These mini-brains are about the size of a pea, and incapable of conscious thought, but could provide a valuable tool for researchers.



Get involved with EyeWire



Citizen scientists are needed to help untangle the neurones of the human retina

Developed by the Seung Lab at MIT, this browser-based game, known as EyeWire, is a project designed to map the neurones of the retina. Anyone can play; all you need is a computer and an internet connection.

EyeWire is a 3D puzzle game based inside a cube. The cube is divided into slices and hidden within them is the path of a neurone. All you have to do is scroll through and connect the slices together, tracing the path of the nerve cell through the cube.

As you work, a 3D model of your progress appears to the side of the screen and you can earn points based on how closely your model matches the models made by other players. You can earn points, level up and even participate in weekly competitions.

Every time you play, you are mapping actual neurones from the human retina, making a real contribution to scientific research.

To experience EyeWire yourself and to be a part of the research, simply click on the following URL: <https://eyewire.org/explore>

uses a sensor implanted on the motor cortex of the brain to pick up electrical signals generated when the patient thinks about moving. These signals are then decoded by a computer program and sent to a prosthetic limb. By carefully training the program to recognise specific signals, patients are able to move their bionic hands using just the power of their brains.

Taking electrical brain interfaces one step further, at the University of California, San Diego, researchers are using electricity to selectively erase memories. They have shown that by using particular frequencies of electrical pulses they can produce changes in the nerve cells in the brains of rats, making them forget traumatising experiences in their past.

As we continue to learn more about the connections in the brain, the possibilities for interacting with it will only continue to increase. The field of neuroscience is advancing faster than ever before, and huge international collaborations, like the Human Brain Project and the BRAIN initiative, are bringing mountains of research data together, creating resources that will revolutionise the field of neuroscience.

The puzzle of the human brain has been vexing scientists, doctors, and philosophers for thousands of years and understanding how it works is perhaps the most challenging problem in the history of science. However, with a combination of powerful new technology and international collaboration, the complexity of this mass of neurones is starting to unravel. Very soon, we might even be able to rebuild a functioning digital brain from the bottom up.



YOUR SKELETON

This incredible living framework provides more than just structural support

The 206 bones of the adult human skeleton make up a strong, flexible framework that protects our vital organs and allows our bodies to move, as well as being a mineral store and stem-cell reserve.

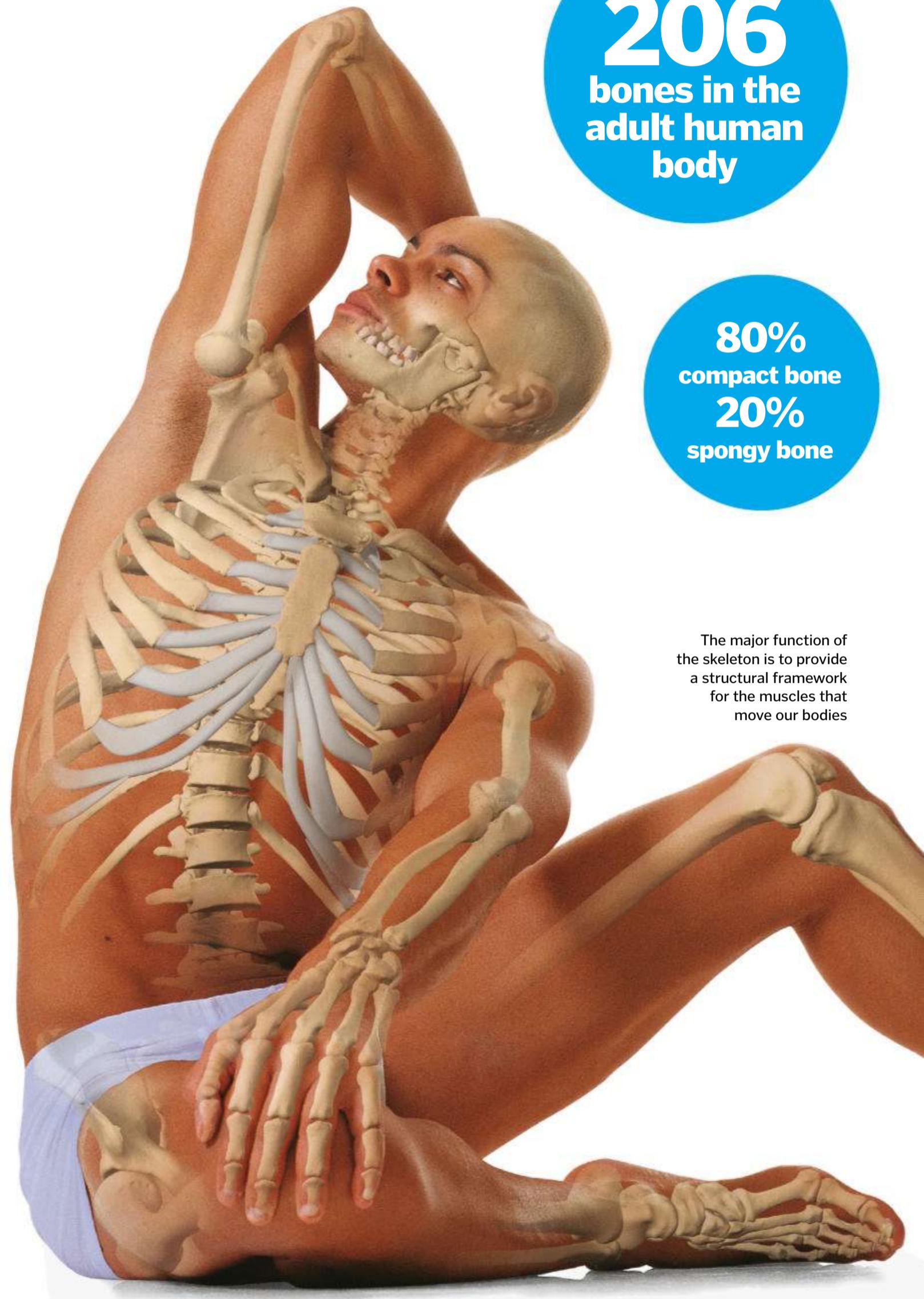
Bone is a composite material, constructed from three basic ingredients: collagen strands, a sugary protein glue and inorganic calcium salts. The collagen fibres are arranged in alternating layers, crossing over one another, providing a flexible scaffold, and calcium salts are glued in between for strength and rigidity.

The outside of each bone is composed of plates, or hollow tubes, of dense cortical bone, supported on the inside by a honeycomb network of spongy trabecular bone. This network is slightly flexible and helps to distribute the load, curving the tensile and compressive forces across the ends of the bone, while providing maximum strength.

Spongy bone is also home to the bone marrow, which houses stem cells capable of producing most of the cells of the blood and immune system. They are constantly active, and millions upon millions of new red and white blood cells are produced every minute.

Embedded within the bone matrix are cells known as osteocytes. They do not move, but are capable of detecting stresses inside the bone itself, and can trigger the formation of new bone in a process known as remodelling. The old bone is broken down by large cells known as osteoclasts, and new collagen and minerals are deposited by smaller osteoblasts.

Together, the two cell types are able to release and store calcium and phosphorous in the skeleton for use elsewhere in the body. They are under the influence of hormones released by glands in the brain, and when levels of minerals run low in the body, the signals encourage the osteoclasts to begin wearing away at the surface of the bone, releasing minerals into the bloodstream. When mineral levels are high, osteoblasts lay down new bone, replenishing the store.



Bone structure

The long bones are formed into tubes, closed at both ends and capped with cartilage



Learn more

Get your own giant 1.3m high poster to help explore every bone in the human skeleton – great for home and schools. Drawn to scale and anatomically detailed by leading medical artist, Joanna Culley. A matching muscle poster is also available, all from www.uAnatomy.com.

Wrist, hand and fingers

There are 27 bones in each hand, eight of which make up the wrist.



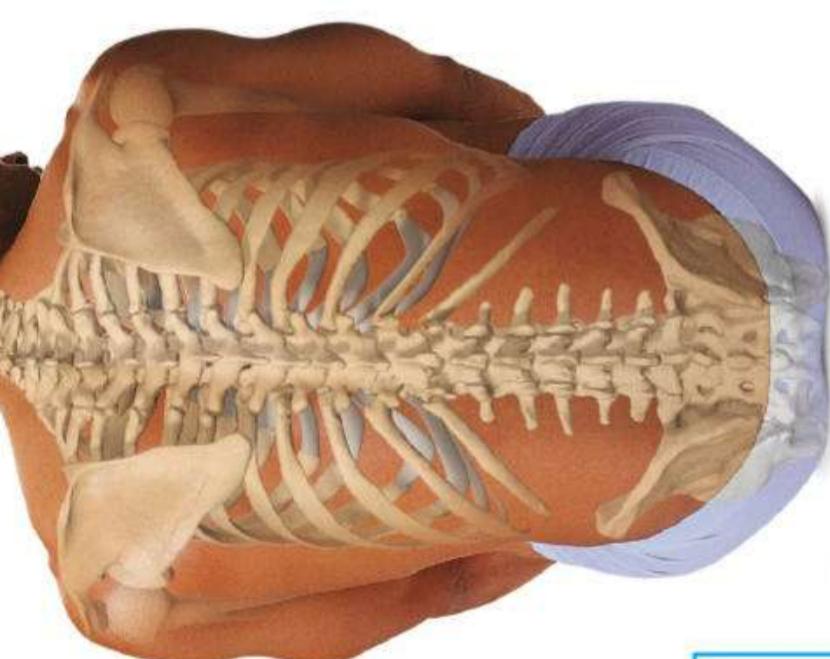
Lower limb

The weight of the body is supported by the femur (thigh bone) and the tibia (shin bone), while the fibula is involved in anchoring the muscles of the foot.

27 bones in the human hand

The spine

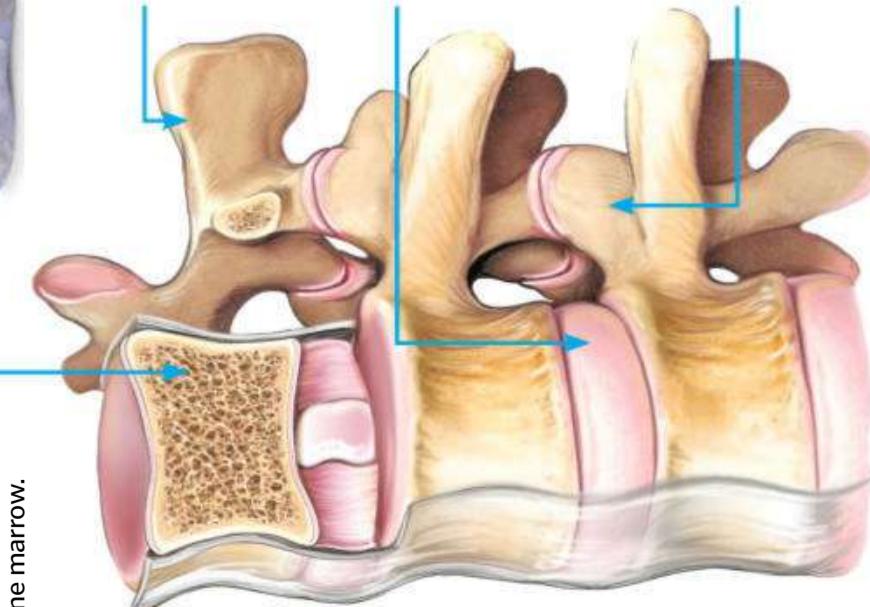
There are 33 vertebrae in the spinal column, divided into categories according to their shape and location. There are seven cervical in the neck, 12 thoracic vertebrae in the chest, each of which attaches to a pair of ribs, and five load-bearing lumbar vertebrae in the lower back. The remainder of the vertebrae are fused to form the sacrum and coccyx.



33 vertebrae in the spine

Vertebral body

Each vertebra contains a core of spongy bone and red bone marrow.



Spinous process

Muscles attach to protruding bone at the back of each vertebra.

Intervertebral disk

A disk of cartilage between each vertebra provides cushioning and protection.

Articular process

Each vertebra has four articular processes, connected to the adjacent vertebrae by ligaments.

There are 27 bones in each hand, eight of which make up the wrist.

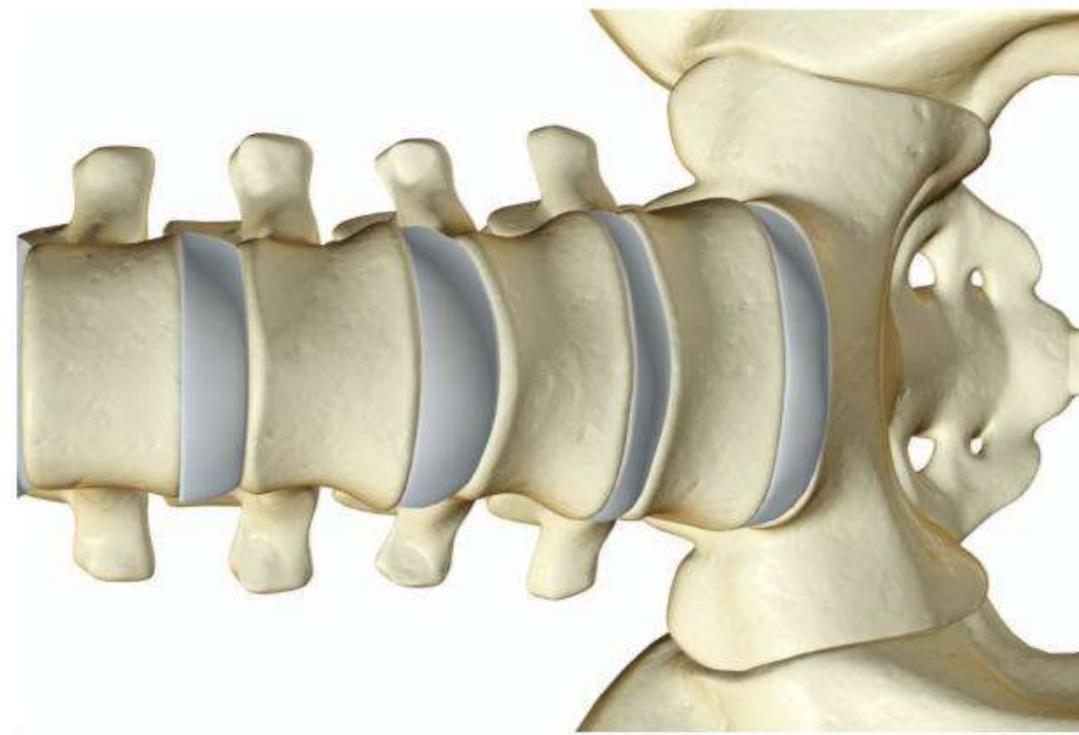


Lower limb

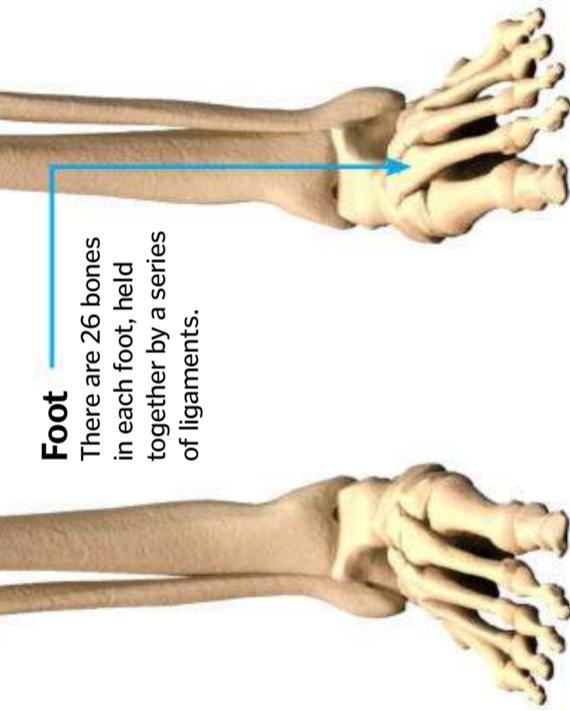
The weight of the body is supported by the femur (thigh bone) and the tibia (shin bone), while the fibula is involved in anchoring the muscles of the foot.

Shock absorbers

Between the vertebrae of the spine are disks of a springy tissue known as fibrocartilage, made up of long chains of collagen and bound together by a gel of sugary proteins, known as glycoproteins. These have a strong affinity for water, so as a result, the entire tissue is filled with fluid. It acts like suspension, compressing and deforming under load and protecting the bones from the stress of day-to-day impact.



Foot
There are 26 bones in each foot, held together by a series of ligaments.



Each vertebra has four articular processes, connected to the adjacent vertebrae by ligaments.



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Each vertebra has



Joints

For individual bones to function together, they must be linked by joints

Some bones, like those in the skull, do not need to move, and are permanently fused together with mineral sutures. These are known as fixed joints and provide maximum stability.

However, most bones need flexible linkages. In some parts of the skeleton, partial flexibility is sufficient, so all that the bones require is a little cushioning to prevent rubbing. The bones are joined by a rigid gel-like tissue known as cartilage, which allows for a small range of compression and stretching. These types of joints are used where the ribs meet the sternum, to provide flexibility when breathing, and between the stacked vertebrae of the spinal column, allowing it to bend and flex without crushing the spinal cord.

Most joints require a larger range of movement. Covering the ends of the bones in cartilage provides shock absorption, but for them to move freely in a socket, the cartilage must be lubricated to make it slippery and wear-proof. At synovial joints, the ends of the two bones are encased in a capsule, covered on the inside by a synovial membrane, which fills the joint with synovial fluid, allowing the bones to slide smoothly past one another.

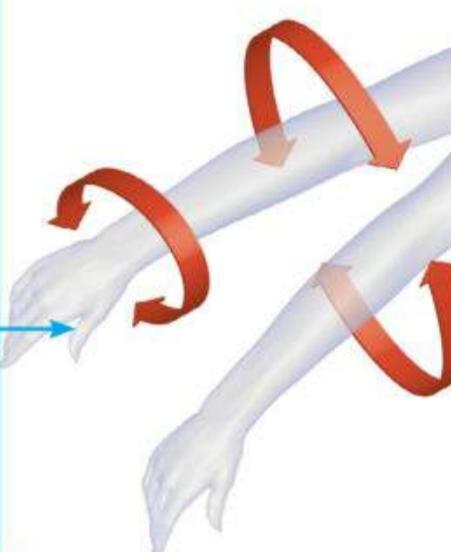
There are different types of synovial joint, each with a different range of motion. Ball-and-socket joints are used at the shoulder and hip, and provide a wide range of motion, allowing the curved surface at the top end of each limb to slide inside a cartilage covered cup. The knees and elbows have hinge joints, which interlock in one plane, allowing the joint to open and close. For areas that need to be flexible, but do not need to move freely, such as the feet, gliding joints allow the bones to slide small distances without rubbing.

15%
body weight
contributed by
the skeleton

Bone joints

Pivot joint

To turn the head from left to right, the ring-shaped first vertebra (known as the atlas) rotates around a tiny spoke on the second vertebra (known as the axis), forming a pivot joint.



Basal joint

The thumb is joined to the rest of the hand by a bone called the trapezium. It is shaped like a saddle and allows the thumb to bend and pivot.

Hinge joint

At joints like the knee and elbow, one bone is grooved, while the other is rounded, allowing the two to slot together and move like a hinge.

Ellipsoid joint

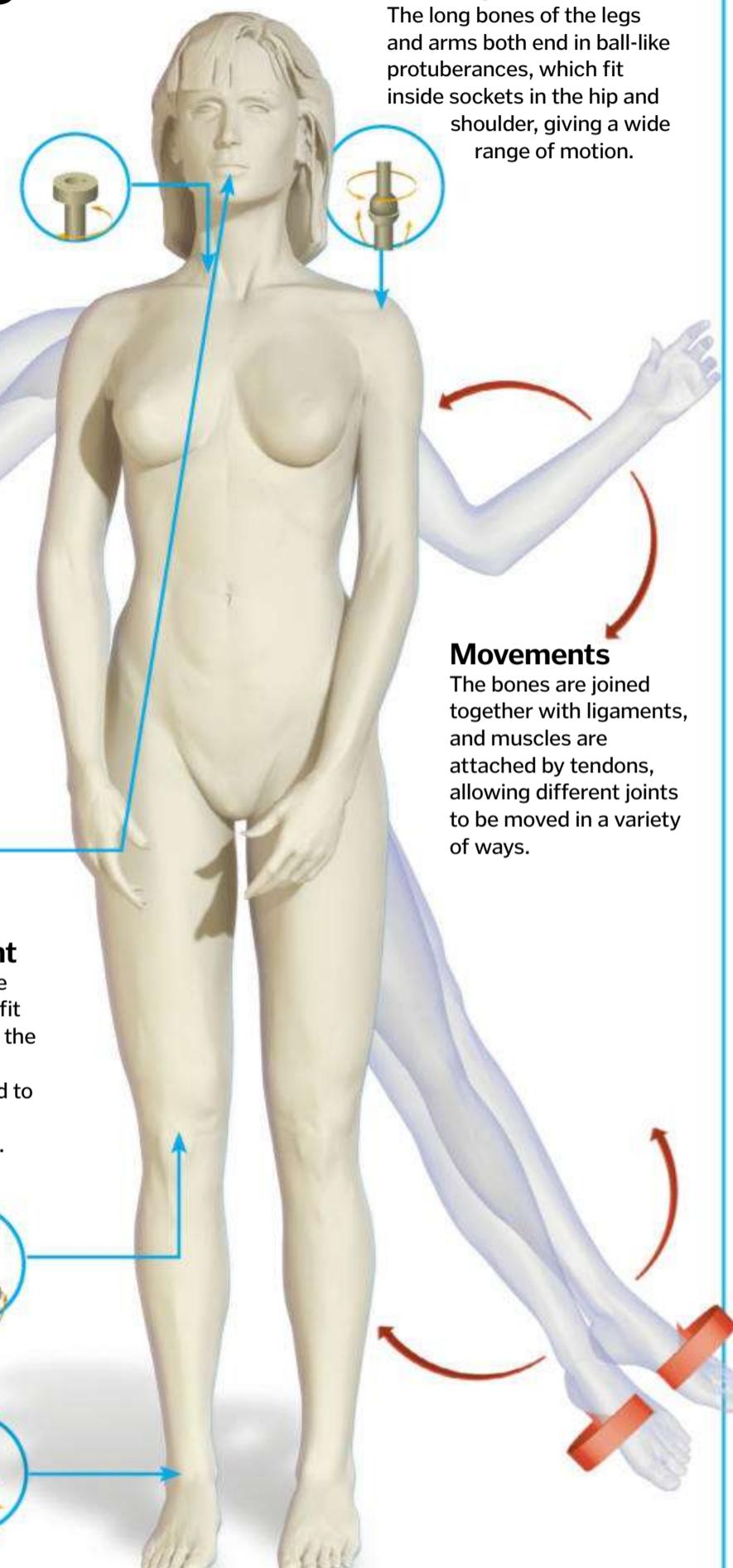
The bumps at the base of the skull fit inside the ring of the first vertebra, allowing the head to tip up, down and from side to side.

Gliding joint

The joints between the carpal bones of the hands and the tarsal bones of the feet only allow limited movement, enabling the bones to slide past each other.

Ball-and-socket joint

The long bones of the legs and arms both end in ball-like protuberances, which fit inside sockets in the hip and shoulder, giving a wide range of motion.



Hypermobility

Some people have particularly flexible joints, so have a much larger range of motion than others. This is sometimes known as being 'double jointed.' It is thought to result from a combination of factors, including the structure of the collagen in the joints, the shape of the end of the bones, and the tone of the muscles around the joint.

Mobile

The synovial joints are the most mobile in the human body. The ends of the bones are linked by a capsule, which contains a fluid lubricant, allowing the bones to slide past one another as they move. Synovial joints come in different types, including ball-and-socket, hinge, and gliding, and they are the most common type of joint in the body.

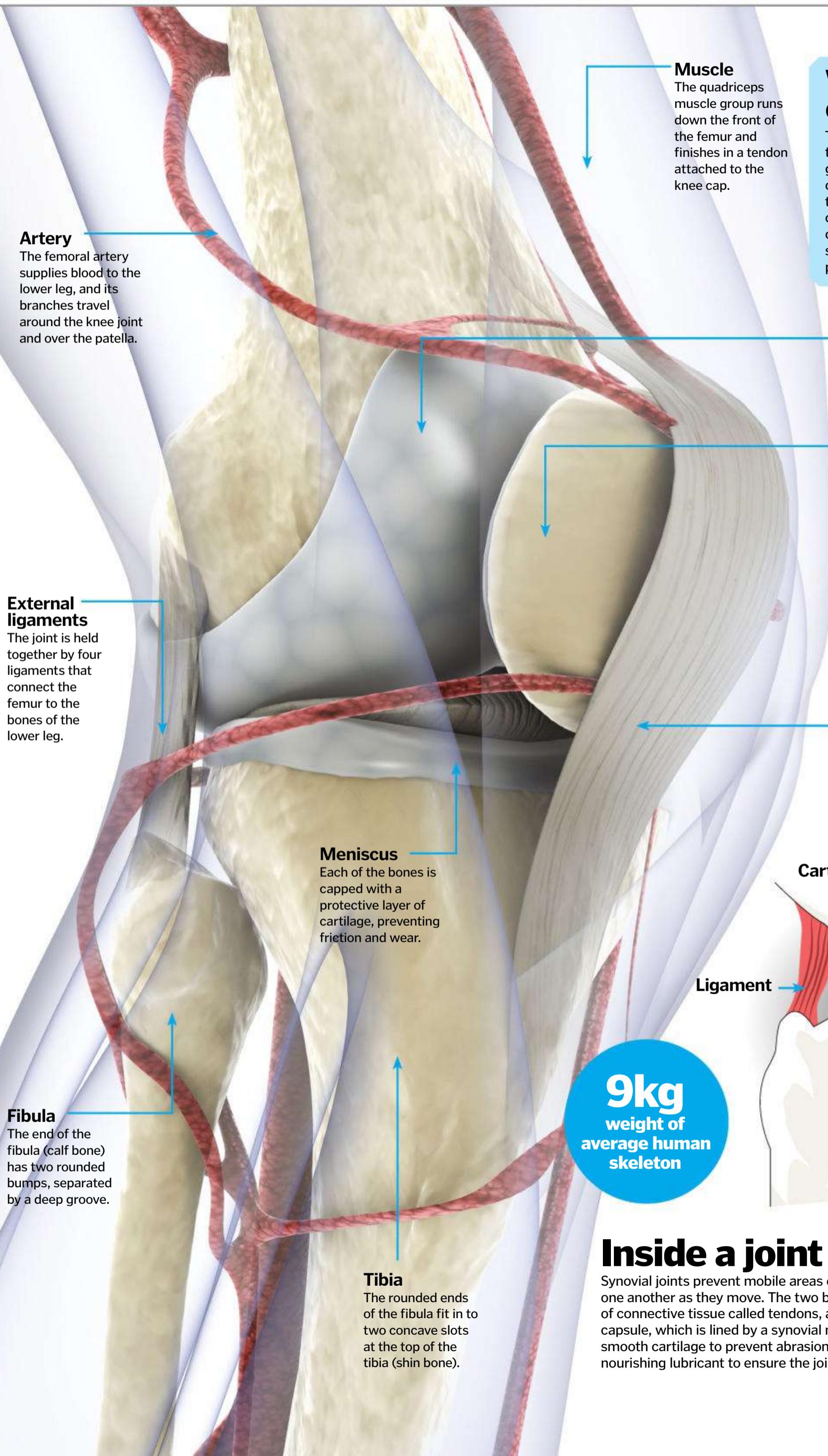
Semimobile

Cartilaginous joints do not allow free motion, but provide cushioning for smaller movements. Instead of a lubricated capsule, the bones are joined by fibrous or hyaline cartilage. The linkage provides less flexibility than a synovial joint, but acts as a shock absorber, so the bones can move apart and together over small distances.

Fixed

Some bones do not need to move relative to one another, so instead of a flexible joint, they are permanently fused. The best example is the cranium, which starts out as separate pieces, allowing the foetal head to change shape to fit through the birth canal, and fuses after birth to encase the brain in a solid protective skull.

DID YOU KNOW? The bone marrow produces between two and three million new red blood cells every second



Why our joints crack

The synovial fluid used to lubricate the joints contains dissolved gasses. The fluid is sealed within a capsule, so if the joint is stretched, the capsule also stretches, creating a vacuum as the pressure changes, and pulling the gas out of solution and into a bubble, which pops, producing a cracking sound.

Synovial membrane
The membrane surrounding the interior of the joint produces a lubricant called synovial fluid.

Knee cap
The patella prevents the tendons at the front of the leg from wearing away at the joint.

300+
bones in a
newborn baby

Inside a joint

Synovial joints prevent mobile areas of the skeleton from grinding against one another as they move. The two bones are loosely connected by strips of connective tissue called tendons, and the two ends are encased in a capsule, which is lined by a synovial membrane. The bones are covered in smooth cartilage to prevent abrasion and the membrane produces a nourishing lubricant to ensure the joint moves smoothly.



Inside a blood vessel

Discover what happens every time your heart beats

Inside your body there is a vast network of blood vessels that, if laid end to end, could easily wrap twice around the Earth. They are an important part of your circulatory system, carrying the equivalent of more than 14,000 litres of blood around your body every day to transport vital nutrients to where they're needed.

There are five main types of blood vessel. In general, arteries carry oxygenated blood away from the heart and have special elastic fibres in their walls to help squeeze it along when the heart muscle relaxes. The arteries then branch off into smaller arterioles, which pass the blood into the capillaries, tiny blood vessels that

transport nutrients from the blood into the body's tissues via their very thin walls.

As well as nourishing the tissue cells, capillaries also remove their waste products, passing the now deoxygenated blood on to the venules. These vessels drain the blood into the veins, which, with the help of valves that stop the blood flowing in the reverse direction, carry it back to the heart where it can pick up more oxygen.

In contrast to the other blood vessels in the body, the pulmonary artery transports deoxygenated blood from the heart to the lungs, where it is oxygenated and carried back to the heart via the pulmonary veins.

What is blood?

The ingredients that make up the red stuff

1 Red blood cells

These disc-shaped cells contain the protein haemoglobin, which enables them to carry oxygen and carbon dioxide around your body.

2 White blood cells

An important part of your immune system, some of these cells produce antibodies that defend against bacteria and viruses.

3 Plasma

The liquid part of your blood is made up of water, salts and enzymes, and helps transport hormones, proteins, nutrients and waste around your body.

5 Vessel

Blood vessels transport blood and the nutrients it carries to the tissues around your body.

4 Platelets

These tiny cells trigger the process that causes blood to clot, helping to stop any bleeding if you are injured.

Animal cells

A typical, non-specialised animal cell

Nucleus

The nucleus is often referred to as the brain of the cell. DNA is stored here and cell metabolism, movement and reproduction are all controlled from here.

Ribosomes

Ribosomes are spherical bodies composed of RNA and protein enzymes which are the site of protein synthesis for the cell.

Cytoplasm

The cytoplasm is a thick, almost jelly-like material which supports and protects organelles of the cell.

Cell membrane

Present in both animal and plant cells, this acts as a boundary layer to protect the cell from any unwanted chemicals.

Mitochondria

Mitochondria are small, bean-shaped organelles which release chemical energy for the cell by processing glucose that is provided for, or produced by, the cell.

How cells work

The building blocks of life explained

Cells are the building blocks of all living organisms.

Individual cells are classified as living things, and there are millions of organisms which are unicellular across the planet.

As they are living units, cells consequently need energy, and therefore respire to survive. Parts of the cell, called organelles, work like organs of a body. Energy for the cell to process can be provided by the cell, such as through photosynthesis in plants, or absorbed into the cell through cell membranes and then processed within it by the mitochondrion. Single cells operate like this, and there are billions of unicellular organisms that survive independently or within multicellular organisms. These single cell organisms are generally prokaryotic cells, which are much smaller and have fewer organelles, most importantly lacking a nucleus.

Multicellular organisms are primarily made up of eukaryotic cells which are more complex and can therefore specialise so the organism can become more complex. They do this by grouping together to form tissues, which then group to form organs within the organism.

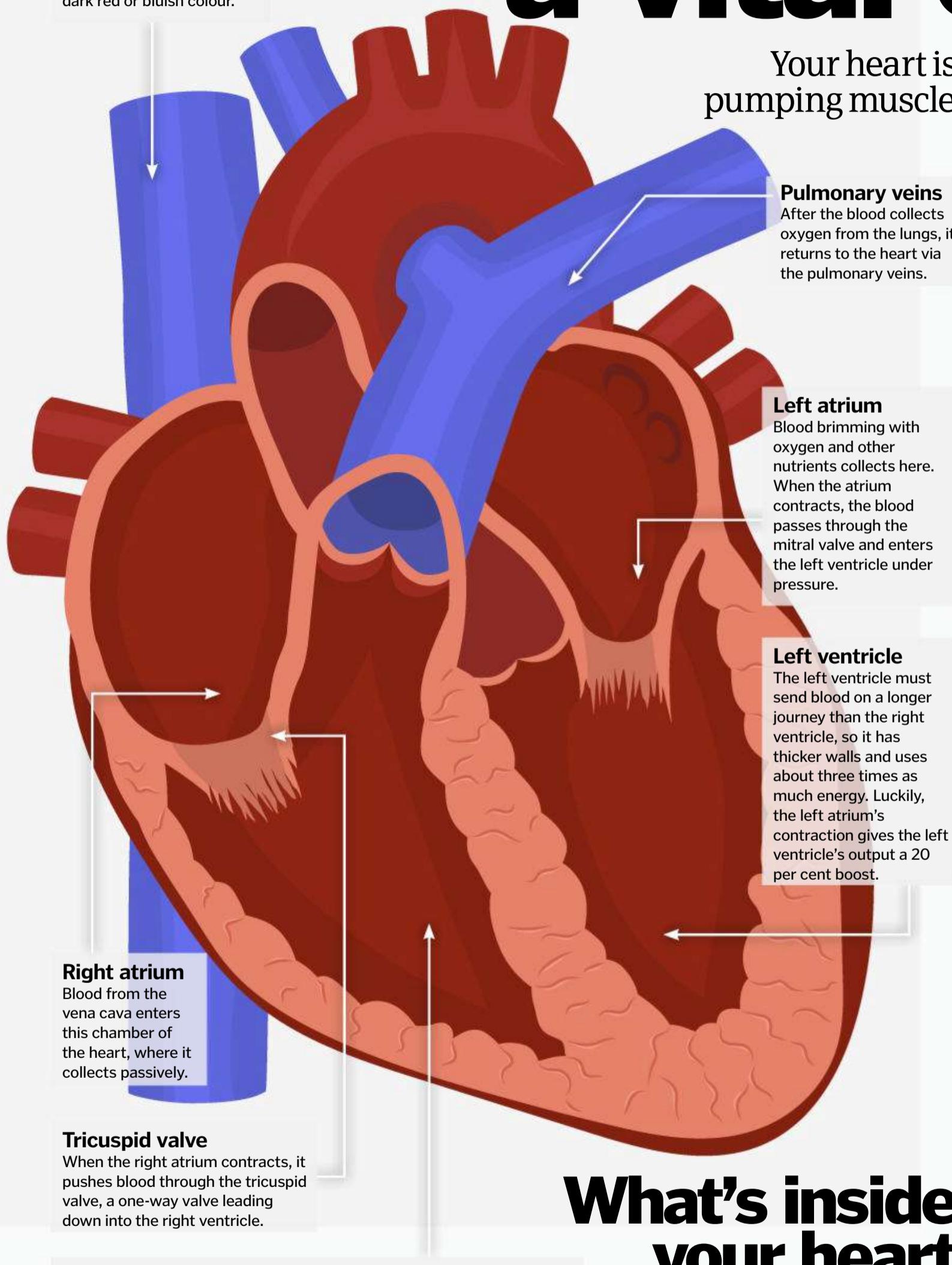
Cells reproduce to replace old, damaged cells in an organism, to allow growth of a new individual. In unicellular organisms, cell reproduction is obviously the only way a population will grow.

Prokaryotes favour binary fission, where all genetic information is doubled and then the cell divides into two new, identical cells.

Eukaryote cells use either mitosis, which results in two identical organisms or cells, or meiosis, which results in each new cell having half the number of chromosomes of the original cell.

The heart – a vital organ

Your heart is a turbocharged double-pumping muscle that beats more than 40 million times every year



Not only does your heart do amazing things, it does so tirelessly, from the moment you're born (actually, even a bit before then) to the instant that you die. It weighs somewhere between eight and 12 ounces – slightly more if you're male, less if you're female. Its sole purpose is to push blood through your circulatory system, providing crucial oxygen and other nutrients to all your organs.

The heart is considered a double pump because the right half sends 'used' blood to your lungs. There, the blood drops off a load of carbon dioxide and picks up some fresh oxygen, which you have helpfully provided by breathing. Then the oxygenated blood returns to the left half of the heart. This 'heart-to-lungs-to-heart-again' trip is known as pulmonary circulation. The left side of the heart then pumps this oxygenated blood to every organ in your body other than your lungs. Your brain, your skin, the muscles in your thigh, your spleen – they all get blood (and therefore oxygen) by virtue of your beating heart.

Even the heart itself gets blood, via a special set of veins and arteries known as the coronary system. The myocardial muscle within the wall of the heart needs oxygen and other nutrients to keep beating. Unfortunately, the coronary arteries that do this job are very narrow, between 1.7 and 2.2 millimetres in diameter. If they become clogged with cholesterol or other fatty deposits, the heart stops working.

Of course, the relatively simple concept of the double pump is fairly complex in practice. A series of valves control blood flow to the heart's four chambers, allow for the build-up of enough blood pressure to get the job done, and direct the blood to the correct veins and arteries.

What's inside your heart

Find out how your heart pumps blood around your body



Inside the liver and pancreas

How do these vital organs work together to digest food?

Weighting more than a bag of sugar, the liver is the largest of all the internal organs. It's located mostly in the right side of your abdominal cavity and is capable of holding roughly ten per cent of your body's total blood volume, with around a quarter of your blood supply passing through it every minute.

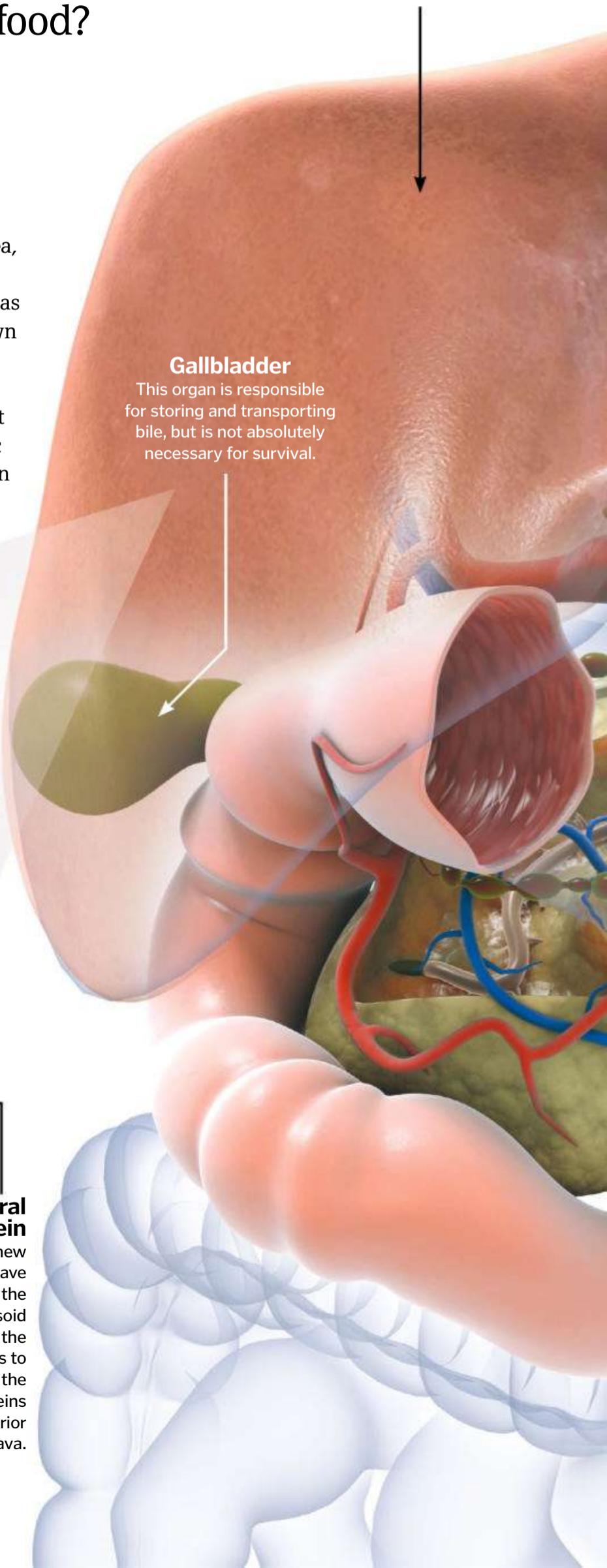
The liver has many roles in the body, one of which is producing bile, the substance that breaks up fat molecules to aid digestion. Up to one litre of this greenish-yellow liquid is produced and released every day, containing a combination of salts, water, cholesterol and a pigment called bilirubin. Bile travels from the liver to the gallbladder, where it is stored. When a fat-containing food reaches the duodenum

(part of the small intestine), the gallbladder is stimulated to secrete this bile, which travels through the bile duct and reaches the duodenum. Here it breaks down complex fat molecules into smaller, circular globules – a process called emulsification. These globules are smaller and have a larger total surface area, making them easier to digest.

The pancreas also plays a role in digestion, as it produces substances that help to break down food. When the stomach and duodenum are stretched by the presence of a meal, the pancreas is triggered to deliver an assortment of enzymes in a cocktail known as pancreatic juice. An enzyme called amylase breaks down starches, while trypsin digests proteins and lipase works on fatty acids.

Lobes

The liver is split into four lobes: right, left, caudate and quadrate. The right lobe is the largest.



Bile ducts

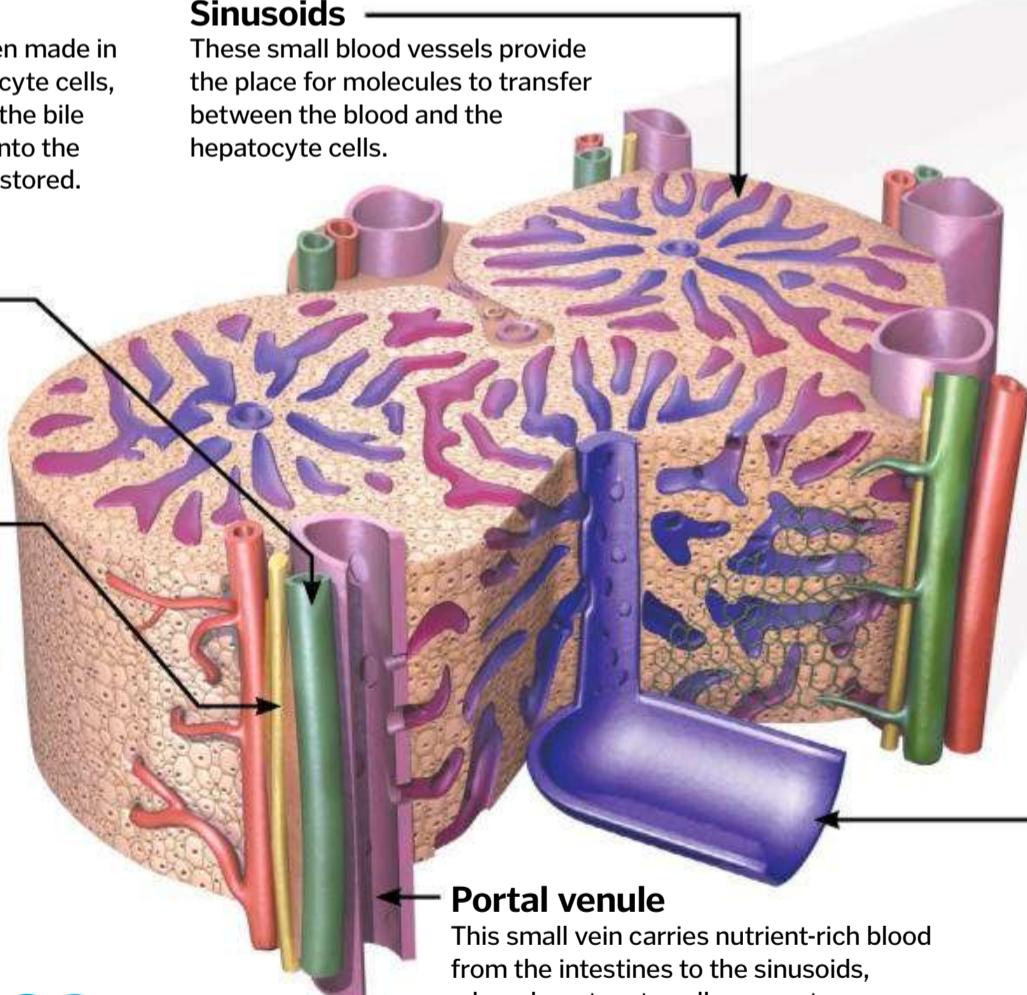
Once bile has been made in the liver's hepatocyte cells, it's secreted into the bile ducts and flows into the gallbladder to be stored.

Sinusoids

These small blood vessels provide the place for molecules to transfer between the blood and the hepatocyte cells.

The portal triad

Providing the main entry and exit routes for the liver, the portal venule, bile duct and the hepatic artery are referred to as the portal triad.

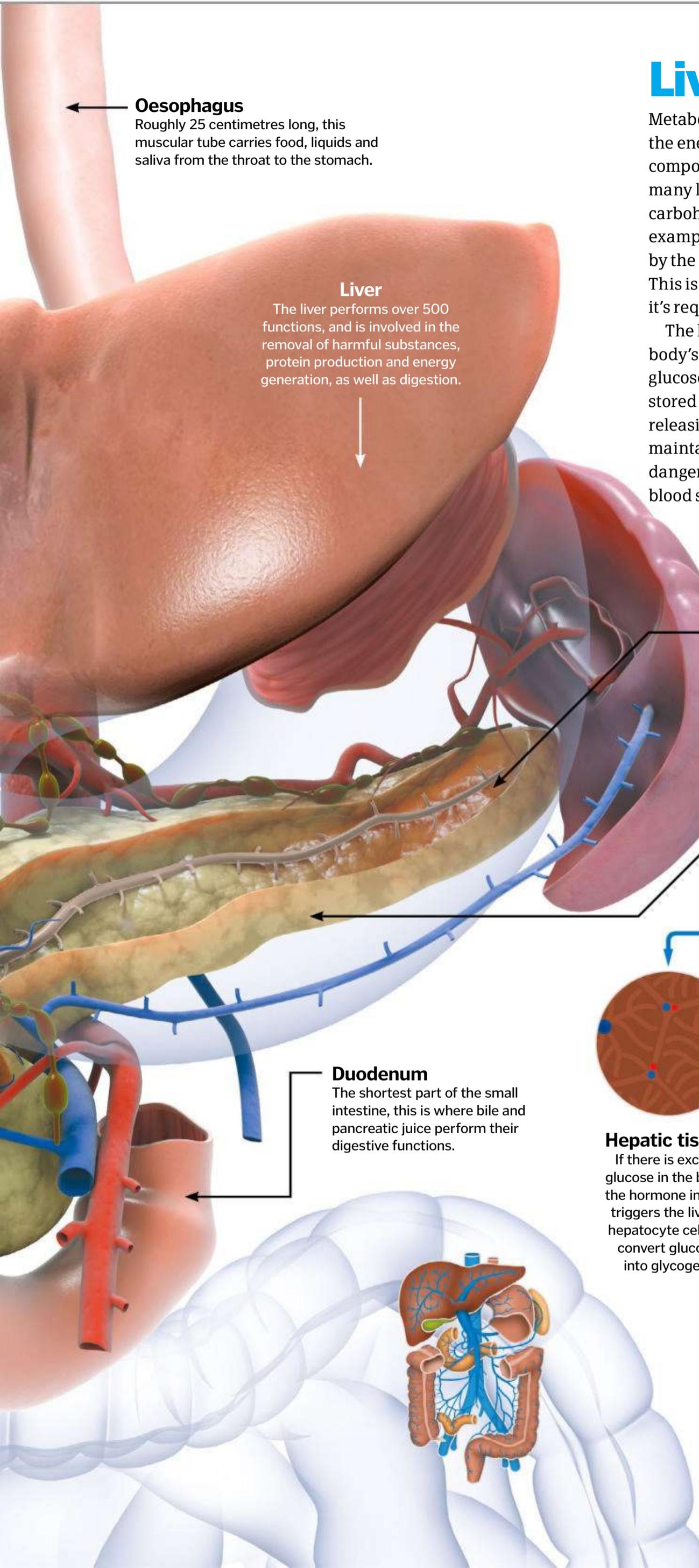


Liver lobules

The lobules consist of rows of hepatocytes (liver cells), bile ducts and blood vessels. Roughly 100,000 of these hexagonal-shaped structures sit within the organ, each consisting of a central vein surrounded by six hepatic portal veins and six hepatic arteries. These blood vessels are connected by sinusoids, which are small tubes joining the central vein to the surrounding veins and arteries. The products from digestion are transported in the blood to the sinusoids, where they can be absorbed into the hepatocytes.

Central vein

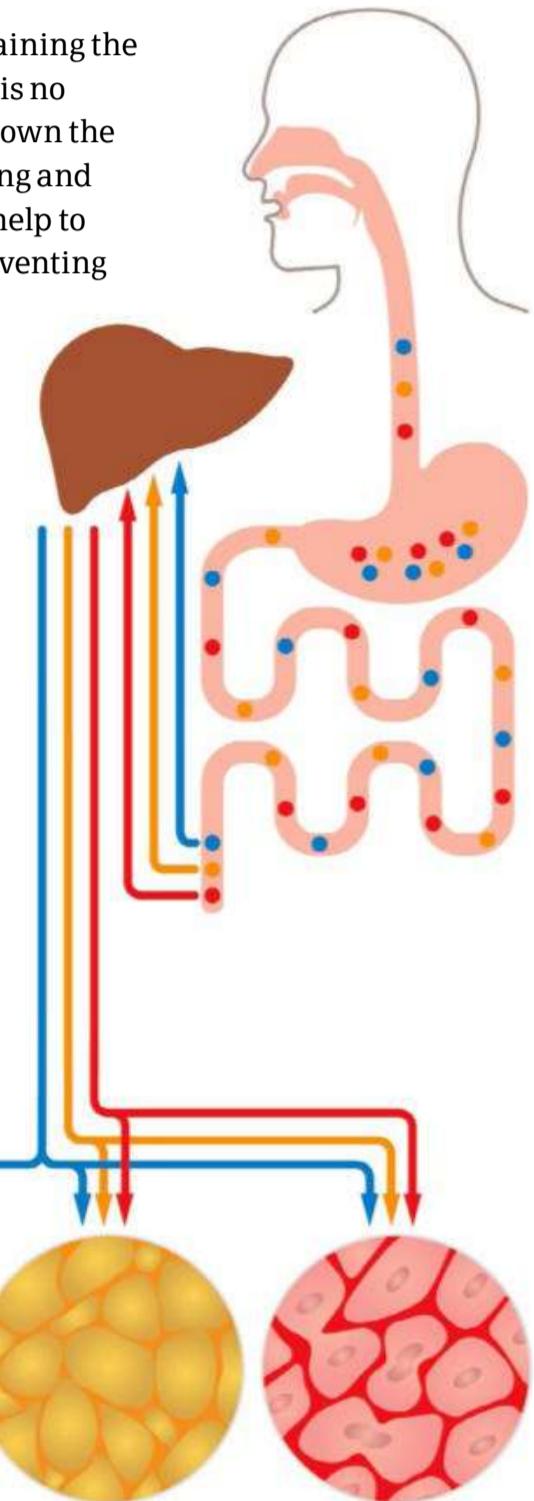
Once the new molecules have passed into the sinusoid channels, the blood flows to the heart via the hepatic veins and the inferior vena cava.



Liver metabolism

Metabolism is more than just the body's way of breaking down food into the energy we need to survive – it's the conversion of one chemical compound into another. In the liver, cells called hepatocytes perform many key metabolic tasks. These cells work to convert proteins, fats and carbohydrates into molecules that the body can use or store. For example, much of the glucose that passes through the liver is absorbed by the hepatocytes, which stockpile it as a larger molecule, glycogen. This is easier to store and can be quickly turned back into glucose when it's required.

The liver is responsible for maintaining the body's blood glucose levels. If there is no glucose available, the liver breaks down the stored glycogen instead. By absorbing and releasing glucose, the hepatocytes help to maintain a balance in the body, preventing dangerous spikes or drops in your blood sugar level.



Hepatic tissue
If there is excess glucose in the body, the hormone insulin triggers the liver's hepatocyte cells to convert glucose into glycogen.

Muscle fibres
Both the liver's muscle cells and hepatic cells are able to store glycogen within them.

Adipose cells
These cells store excess fatty acids in the form of long-chain fat molecules.

Cellular growth and repair
A process called anabolism builds amino acids into proteins, which can then be used to construct cells and produce enzymes.

"Around a quarter of your blood supply passes through your liver every minute"



What's inside your head

A look at how our thinking machines are put together

From birth, the head of a baby will grow very rapidly. By the age of two the bones will have fused together, although growth continues until the age of seven during which the shape and size of the skull are altered. An adult human head is made from 22 bones. Eight are present in the cranium, and 14 form the face. Together they make the skull, which provides a framework for all the features of our head.

The primary purpose of the skull is to prevent damage to the brain. Without it, even a small force against the head could cause serious brain damage. Before birth, the skull develops holes in which are found the various features of the head.

The skull has three main structural features. Cavities known as orbits contain the eyes, providing protection but also allowing muscles, nerves, blood supply and tissue to reach the eyes. Paranasal sinuses house the nasal cavity and also contain air-filled spaces, which are responsible for making people sound different. Finally, the head is held together by sutures, which are soft fibres at birth but later harden to give the appearance of stitches. They become immovable joints which stop the head falling apart.

The muscles of the head are stretched over the bones in the cranium and face like sheets. There are two main categories of muscles. The muscles of facial expressions are responsible for moving the mouth, altering the chin and moving the cheeks to assist eating and breathing. Muscles of

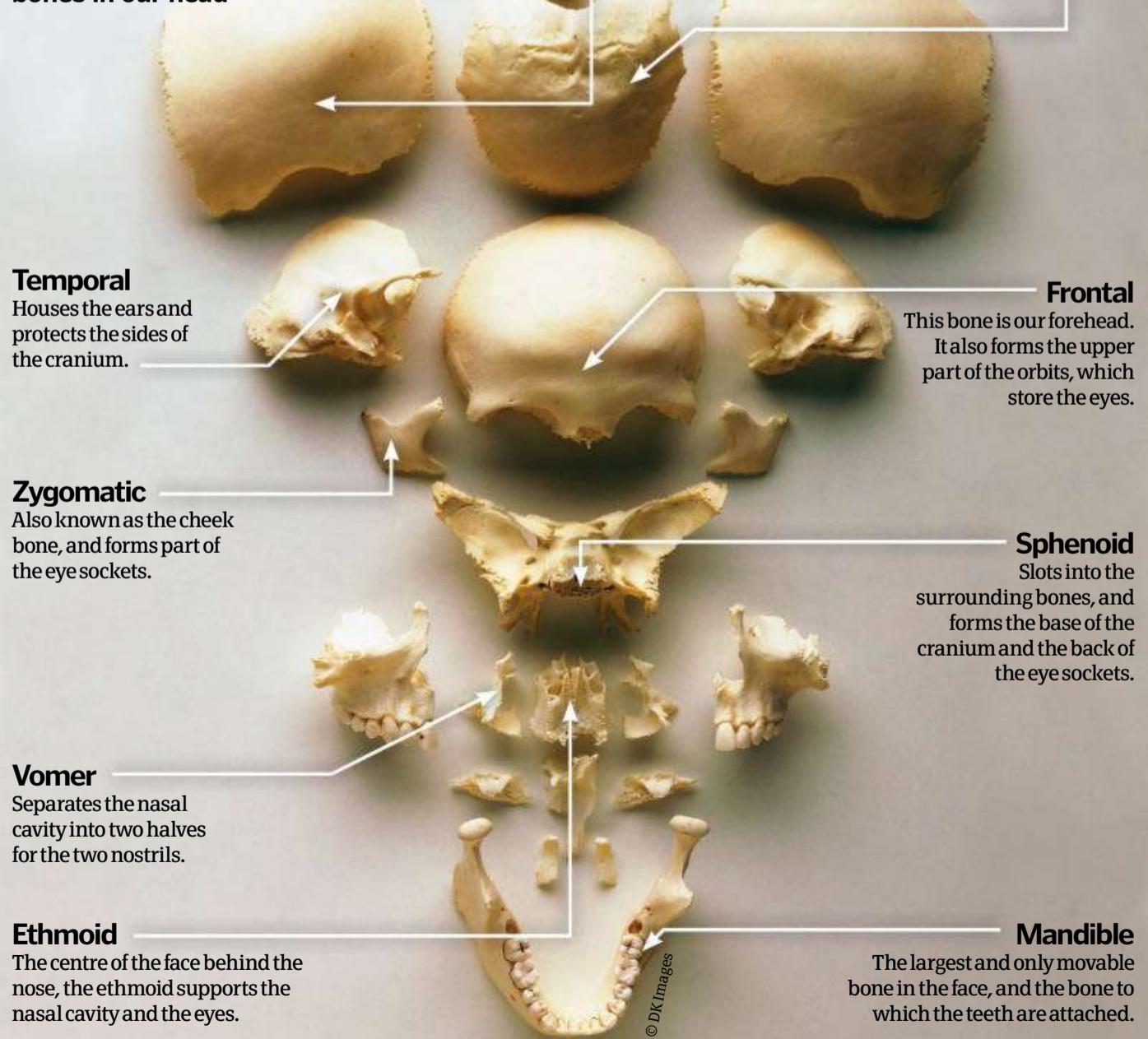
mastication directly control eating, opening and closing the jaw and allow sideways movements.

Smaller muscles control other portions of the face including the inner ear and the eye.



The bones of the skull

The purpose of all the bones in our head



Head anatomy

The main features of the head that keep us operational

Brain

The brain is as soft as butter, and therefore must be well protected. It controls all functions in the body.

Eyes

Two groups of muscles hold the eye and allow movement, tear duct control and blinking.

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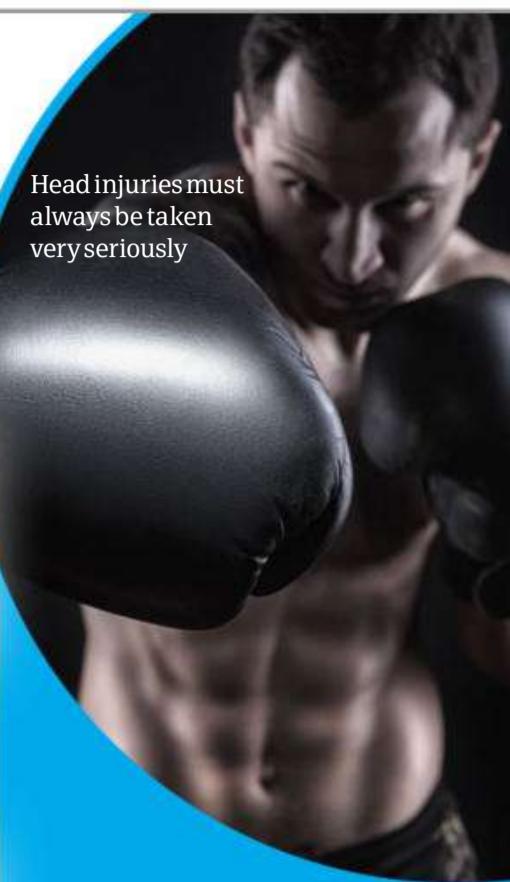
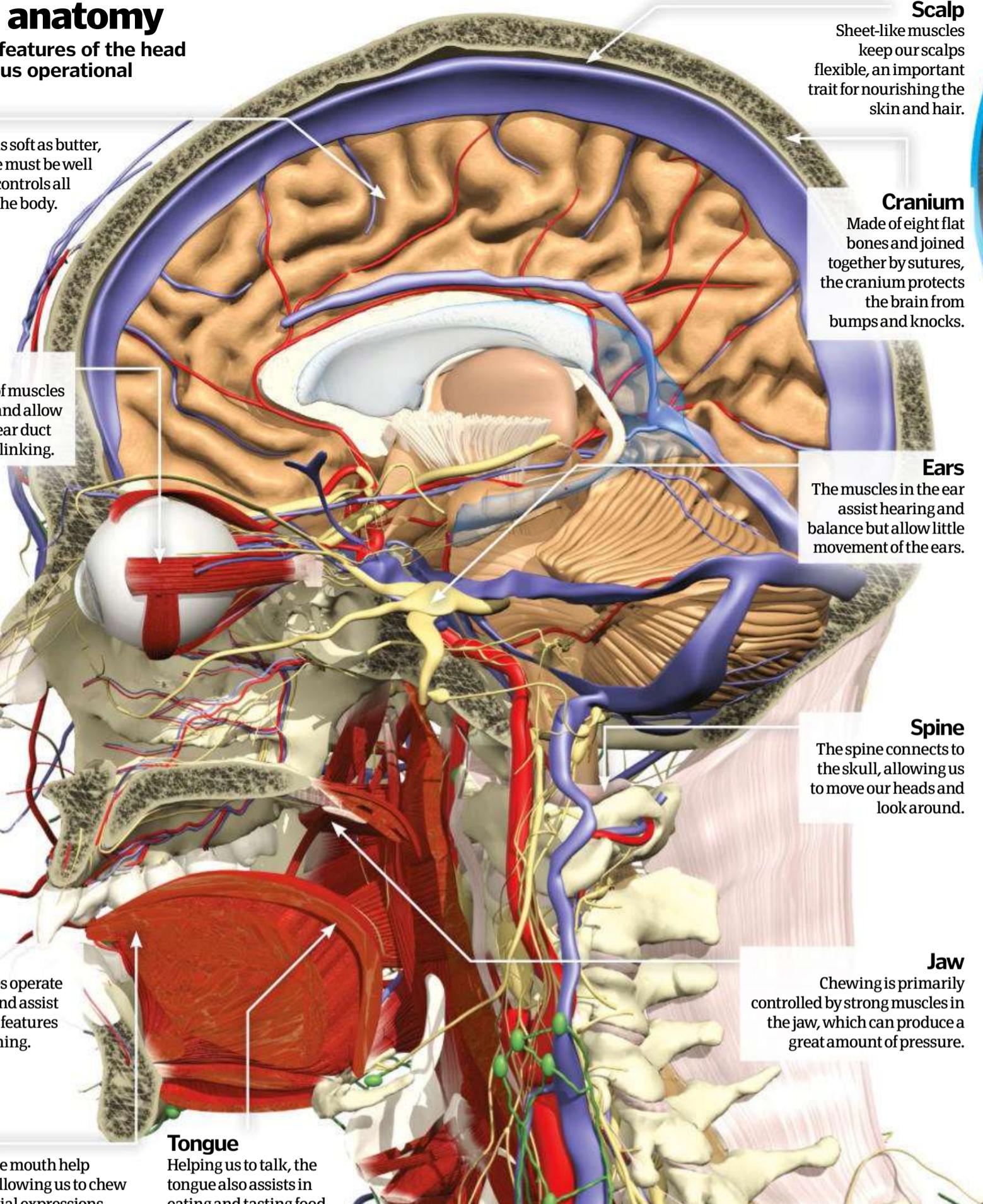
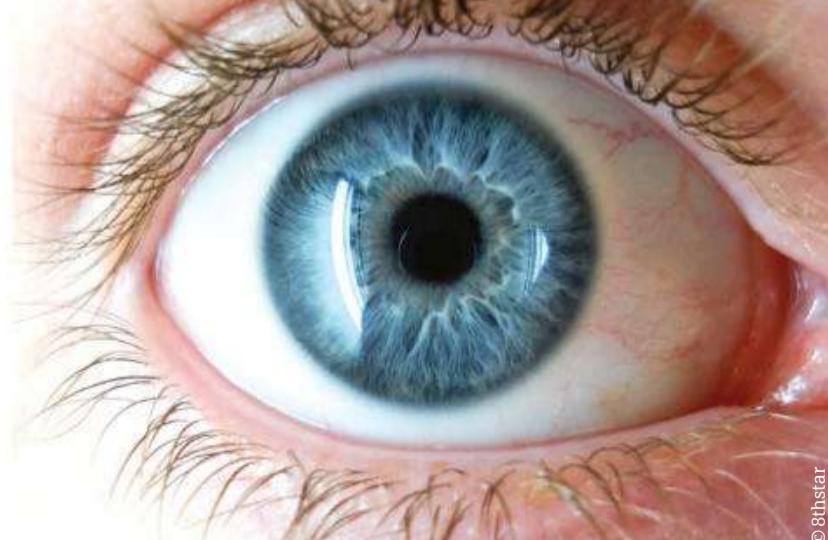
Nose

Nasal muscles operate the nostrils and assist several facial features such as frowning.

Mouth

Muscles in the mouth help movement, allowing us to chew and make facial expressions.

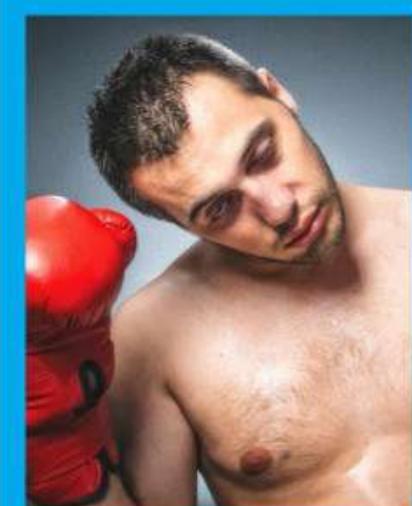
Your eyes are held in place but with the freedom to move



What's a knockout?

When the head is struck hard enough, a person can become unconscious. This can cause long-lasting head injuries and must be treated immediately. As the head is struck, the brain processes all the information it receives from the sensory nerves to formulate an appropriate response, be it forcing the person to withdraw, pushing their aggressor or holding the injured area. However, the brain also has a limit on how much it can process, and a hard enough blow may overload it with information.

To prevent any further damage to the head, the brain stops communicating with the body, causing unconsciousness. Although it may seem similar to sleep, an unconscious person will not respond to people or noises and will only wake up once the brain begins communicating with the body again.





Inside the knee

How do our knee joints allow us to walk and run?

The knee is the largest and also one of the most complex joints in the body, allowing us bipedal humans to move around and get from point A to point B. Three different bones meet at the knee joint and work together to allow for movement and protection. At the top of the knee is the lower part of the thighbone (femur). This rotates on top of the shinbone (tibia) and the kneecap (patella), the latter of which moves in a groove between the femur and tibia. Cartilage within the knee cushions it from shock caused by motion, while ligaments prevent damage occurring to the joint in case of unusual or erratic motion. Muscles running from the hip down to the knee joint are responsible for working the knee joint and allowing our legs to bend, stretch, and ultimately allowing us to walk, run and skip.

Cartilage

The point at which the three bones meet is covered in tough, elastic articular cartilage, allowing smooth movement of the joint and absorbing shock.

Patella

This bone slides at the front of the femur and tibia as the knee moves, protecting the knee and giving the muscles leverage.

Tendons

These tough cords of tissue attach muscle to bone, so that the muscles can bend and straighten the leg as required.



Quadriceps

The quadriceps, made up of four muscles, are on the front of the thigh and help to straighten the leg.

Hamstrings

Hamstring muscles running from the thigh to the knee joint are responsible for bending the leg at the knee.

Femur

This bone runs from the hip to the knee joint. It is the thickest and the longest bone in the human body.

The knee structure

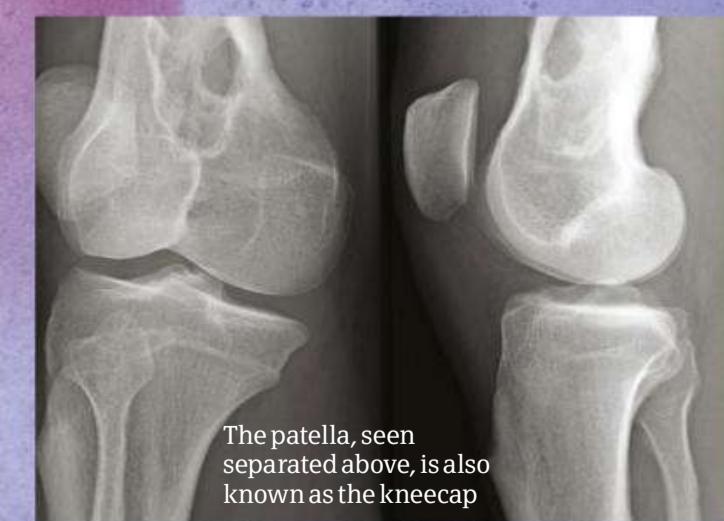
How does everything work in tandem to allow for movement?

Synovial membrane

The soft tissue at the centre of the knee joint contains synovial fluid, providing lubrication for the moving knee.

Ligaments

These elastic bands of tissue connect the bones together and provide stability and strength to the knee joint.



The patella, seen separated above, is also known as the kneecap



What is thermoregulation?

Why do humans need to maintain a constant internal body temperature of 37°C?

Your cells work best when the temperature inside your body is 37 degrees Celsius (98.6 degrees Fahrenheit). Thermoregulation is a homeostatic function that enables you to maintain this core temperature independent of how hot or cold your surroundings are.

Humans are able to regulate body temperature via a combination of internal processes and external actions. The latter includes behavioural responses, such as

heading for shade when we're exposed to too much Sun.

If that doesn't help, the body also has a number of automatic responses that help regulate temperature. The main organ involved is the skin, which is controlled by the autonomic nervous system. When your surroundings heat up, the brain triggers a series of chemicals which tell your blood vessels to dilate (widen). This not only brings warm blood to the surface of the skin where it

can more easily radiate heat away, but it also releases sweat through the pores. The body emits heat to vaporise the moisture from the skin, cooling us in the process.

Conversely, when your surroundings grow cold, your blood vessels constrict (narrow), reducing the flow of blood to the surface. The hairs on your skin stand on end and you may shiver and get goosebumps as the skin's arrector pili muscles contract, pulling the hairs erect to trap air near the skin's surface.

Thermoregulation in action

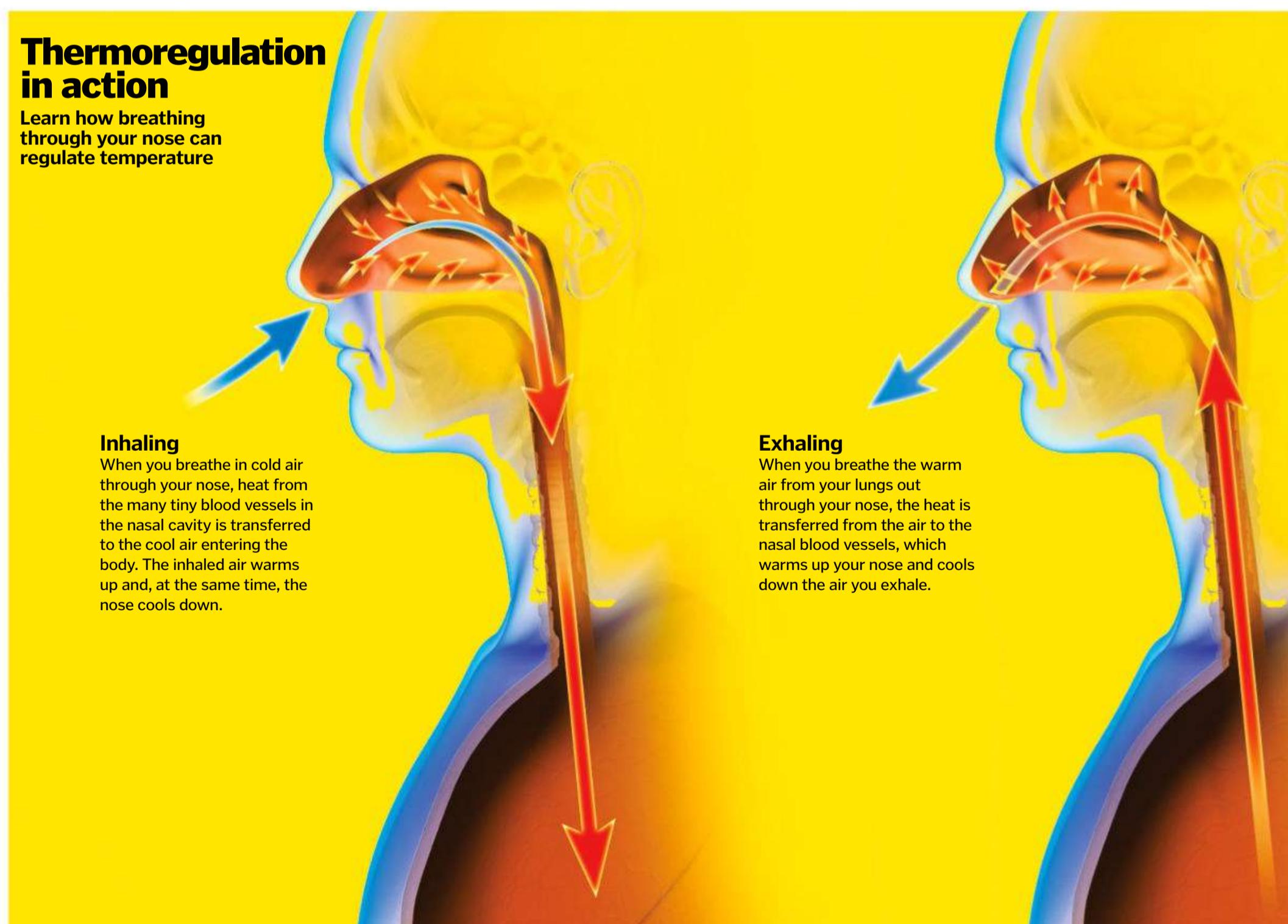
Learn how breathing through your nose can regulate temperature

Inhaling

When you breathe in cold air through your nose, heat from the many tiny blood vessels in the nasal cavity is transferred to the cool air entering the body. The inhaled air warms up and, at the same time, the nose cools down.

Exhaling

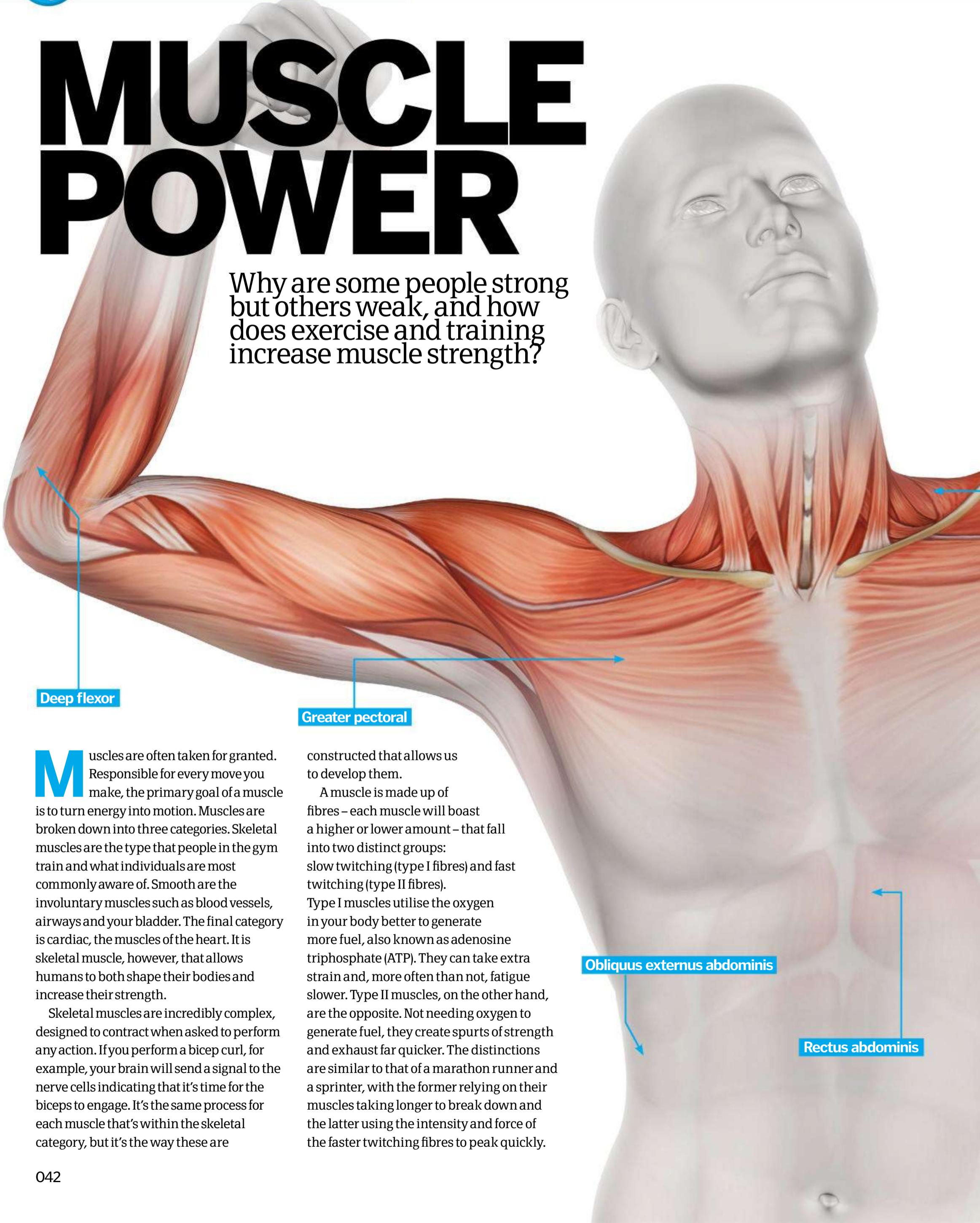
When you breathe the warm air from your lungs out through your nose, the heat is transferred from the air to the nasal blood vessels, which warms up your nose and cools down the air you exhale.





MUSCLE POWER

Why are some people strong but others weak, and how does exercise and training increase muscle strength?



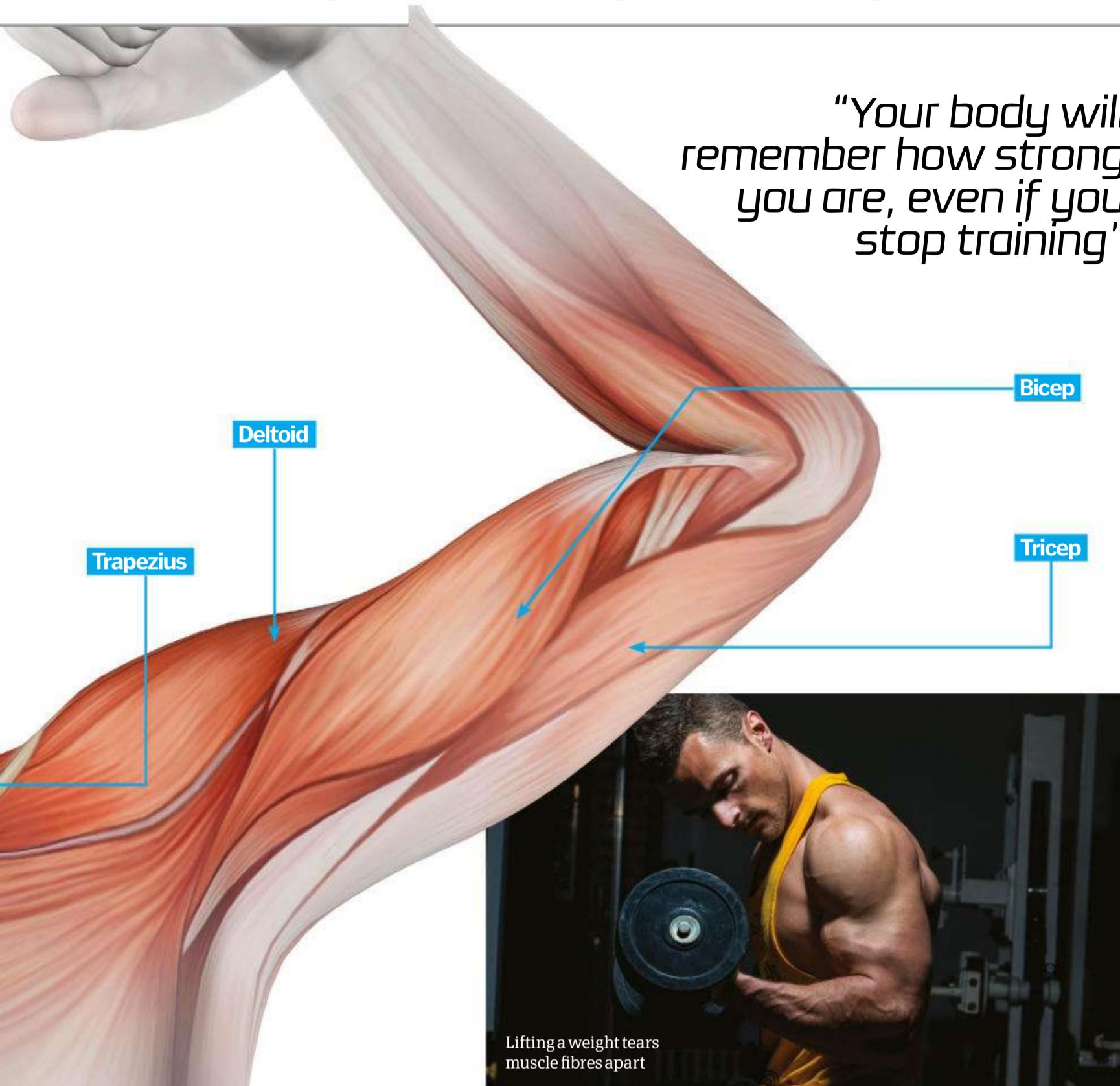
Muscles are often taken for granted. Responsible for every move you make, the primary goal of a muscle is to turn energy into motion. Muscles are broken down into three categories. Skeletal muscles are the type that people in the gym train and what individuals are most commonly aware of. Smooth are the involuntary muscles such as blood vessels, airways and your bladder. The final category is cardiac, the muscles of the heart. It is skeletal muscle, however, that allows humans to both shape their bodies and increase their strength.

Skeletal muscles are incredibly complex, designed to contract when asked to perform any action. If you perform a bicep curl, for example, your brain will send a signal to the nerve cells indicating that it's time for the biceps to engage. It's the same process for each muscle that's within the skeletal category, but it's the way these are

constructed that allows us to develop them.

A muscle is made up of fibres – each muscle will boast a higher or lower amount – that fall into two distinct groups: slow twitching (type I fibres) and fast twitching (type II fibres). Type I muscles utilise the oxygen in your body better to generate more fuel, also known as adenosine triphosphate (ATP). They can take extra strain and, more often than not, fatigue slower. Type II muscles, on the other hand, are the opposite. Not needing oxygen to generate fuel, they create spurts of strength and exhaust far quicker. The distinctions are similar to that of a marathon runner and a sprinter, with the former relying on their muscles taking longer to break down and the latter using the intensity and force of the faster twitching fibres to peak quickly.

“Your body will remember how strong you are, even if you stop training”



It's these processes that allow us to both manipulate a muscle and make it stronger. Every time you lift a weight you're tearing these muscle fibres apart, forcing the body to repair them. Once healed, the fibres are thicker than before, a process that can be manipulated with the right diet. Bodybuilders get protein into their system as soon as possible after a workout, as the substance is broken down into amino acids that are used to produce and repair muscles. Your diet can even influence how effective this is: fast-acting carbohydrates play an important role in spiking insulin levels, which in turn replace muscle glycogen (reserve source of glucose) used during training. Such a process will also filter protein where it's needed, for maximum recovery and growth. This is why muscles get bigger and stronger with rest, and not at the gym where you're in fact breaking and destroying them.

These principles shift across in terms of how muscles get stronger, too. The notion that lifting heavy weights at a lower rep range will increase body mass, whereas doing the

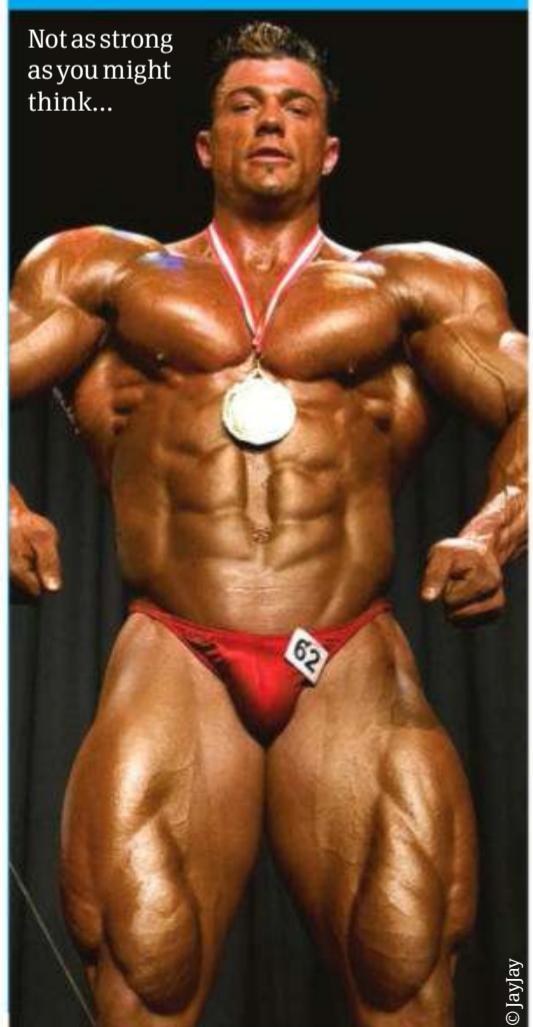
opposite will make the muscle more visible, is a myth. Instead, when you train with heavy weights and force your muscles to expend all their ATP, you put the body in a state to recruit more muscle fibres and stimulate those that are missed when focusing on lighter weights. You're essentially teaching your muscles that they can become stronger. It won't suddenly make them bigger, but it will activate more fibres that in turn help you lift more. This type of training produces a form of muscle hypertrophy, which, in this instance, is increasing the size of your muscle cells. Hypertrophy can be manipulated to both boost muscular strength or simply focus on increasing body mass.

Your body will also remember how strong you are, even if you stop training. Although you'd have to work back up to your previous level, it would take half the time thanks to muscle memory. Following the same approach as how we remember to perform everyday tasks, your muscles get used to the same movement and adapt accordingly.



The bigger they are...

Just because you look like The Hulk doesn't mean you're going to have the comic book character's strength. If you lift heavy weights for a low number of repetitions, you're training the muscle to take a more intense load due to the formation of new fibres. That doesn't mean you'll have the size to back it up, however, as mass corresponds to the number of calories consumed. The more food that's eaten, the quicker and more efficiently the muscle will be repaired. This is why plenty of power lifters who can pick up an incredible amount don't look like bodybuilders. Not only do they concentrate on pure strength, they also consume a massive number of calories. A bodybuilder, meanwhile, will sculpt his diet to shape and increase muscle size.



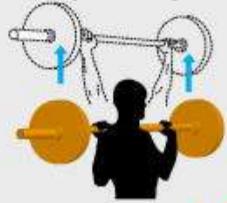


Shoulders

Exercise name: Military press

How to do it: Using weights, bend your legs, lift up the bar in line with your shoulders and push from your deltoids until your arms are straight. Repeat.

Details: With the correct weight and intensity, it'll tear many muscles apart and increase your strength.



STRENGTH RATING:

Mid-section

Exercise name: Side plank

How to do it: Lay on your side and hoist your body up using the leg and arm you're resting on. Hold this position for as long as you can.

Details: The side plank will trigger both abdominals and mid-section, for a more efficient centre of gravity.



STRENGTH RATING:

Calves

Exercise name: Calf raise

How to do it: Using a Smith machine, stand under the barbell and place it on your trapezius muscles. Push from calves and stand on your tiptoes.

Details: Extremely difficult to enhance, the calf raise when done with a barbell will target this muscle.



STRENGTH RATING:

MUSCLES IN FRONT

Trapezius

A superficial muscle that moves the scapulae (in the rotator cuff) and supports the arm.

Biceps brachii

Consists of a long and short head to, among other things, allow rotation of the forearm and elbow.

Rectus abdominus

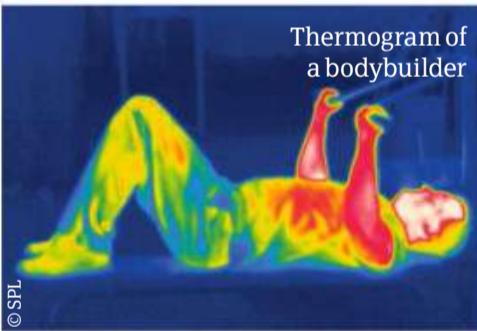
Known to the greater world as 'abs' or a 'six-pack', it is possible to possess an eight-pack, or even ten-pack.

Vastus lateralis

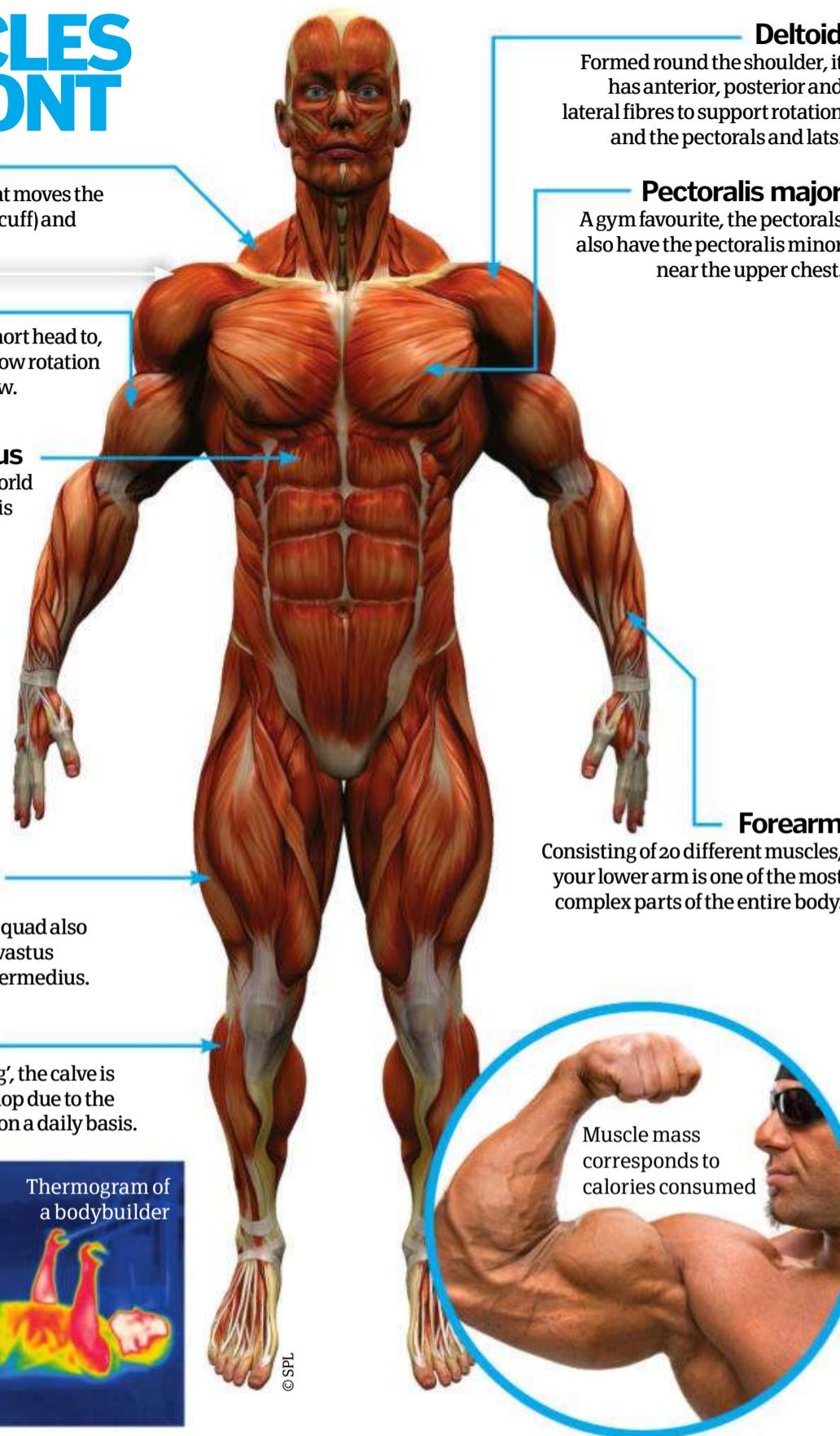
The largest part of your quadriceps muscle, the quad also has the rectus femoris, vastus medialis and vastus intermedius.

Gastrocnemius

Meaning 'stomach of leg', the calve is incredibly hard to develop due to the pressure it is put under on a daily basis.



© SPL



Inside your muscle

A muscle contracts when a fibre is kicked into gear as tension is put upon it. Myofibrils, which are found within a fibre, are made up of actin and myosin. When these two threads join the myofibril shortens, or contracts. If you straighten your arm, keeping your palm facing up, and measure the length of your bicep muscle, you'll find it will become a lot smaller if you curl your hand towards the shoulder.

There are multiple types of contractions, though. Isometric contractions occur when the

angle of the joint or length of muscle do not change, for example holding a dumbbell at arm's length and fighting the resistance. Such exercises are usually adapted to try and increase strength.

Isotonic contractions are the opposite and also more common, such as traditional weightlifting where, as mentioned, the muscle shortens with contraction. Although this can also be used for strength training, it's beneficial for expanding muscle size.

Myofibril

Housing the two filaments actin and myosin, this is what's found inside a muscle fibre. When the myofibril shortens, a muscle contracts.

Muscle fibres

This is a skeletal muscle cell and will fall into the mentioned 'type' categories. There can be far more than just types I and II.

Fascicle

A bundle of muscle fibres is known as a fascicle. Surrounded by perimysium – the connective tissue that groups individual fibres together – this collection makes up a muscle.

Actin

Found in muscle tissue, actin is a strand of protein. When this and myosin interlock with each other and pull, it activates the shortening of the myofibril.

Myosin

Myosin is also an important protein strand and reacts first when a muscle contracts, subsequently activating the actin thread.

DID YOU KNOW? Many people with muscular physiques have 'unhealthy' BMIs, as muscle weighs more than fat.

MUSCLES BEHIND

Triceps

As the name suggests there's three parts to the muscle: the long, lateral and medial head.

Latissimus dorsi

Meaning 'broadest of the back', the lats, as they're commonly called, are an essential muscle for strengthening the entire body.

External oblique

The largest and outermost of the three muscles of the lateral anterior abdomen.

Hamstrings

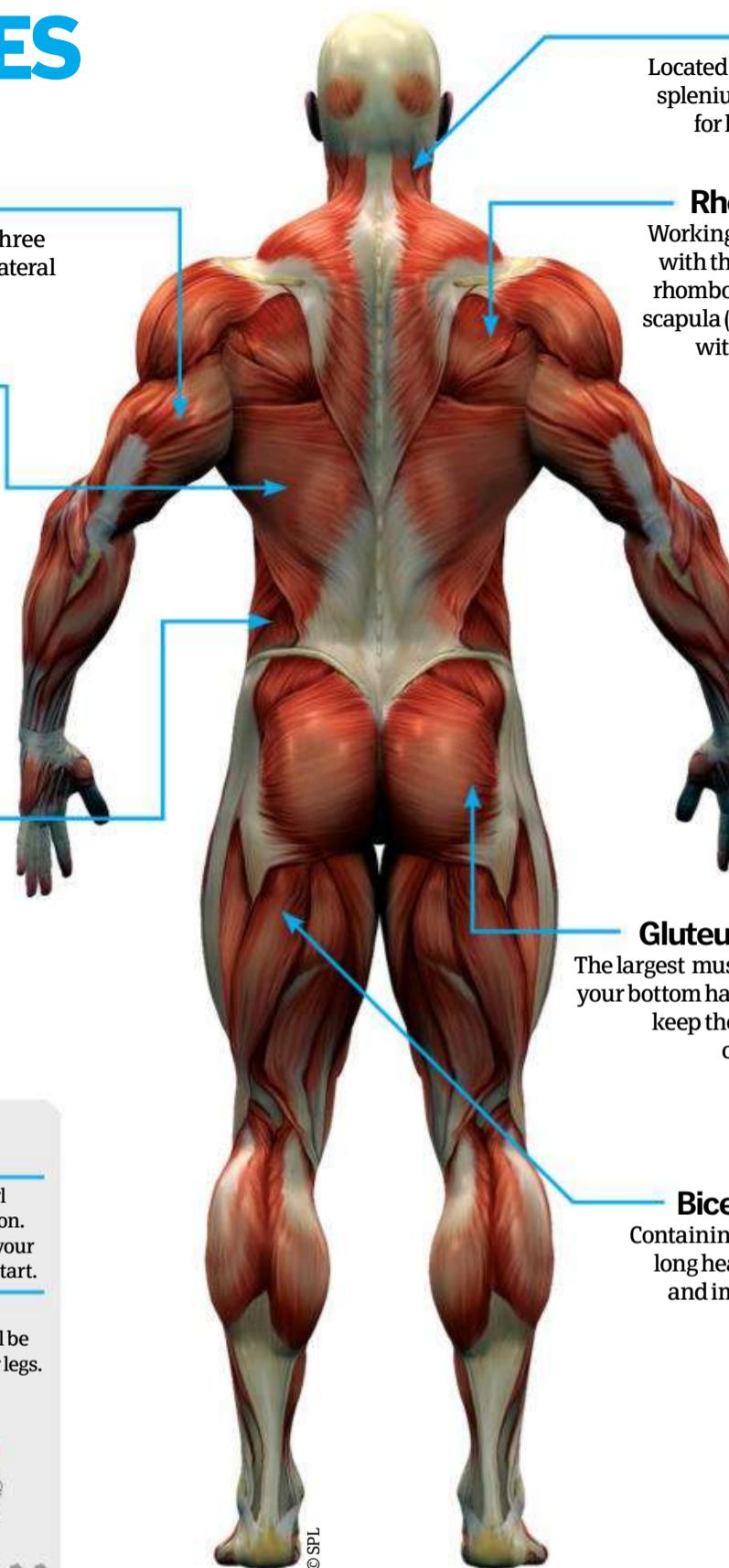
Exercise name: Hamstring curls

How to do it: Use a hamstring curl machine and lock legs into position. Push against the foam pad until your legs are at 90° and go back to the start.

Details: Curls will provide extra support to squats, meaning you'll be able to lift more weight from your legs.



STRENGTH RATING:



Splenius
Located in the neck, the splenius is responsible for head extension.

Rhomboideus
Working in conjunction with the trapezius, the rhomboids connect the scapula (shoulder blade) with the vertebrae.

Upper arms

Exercise name: Tricep kickback

How to do it: Take one dumbbell and hold it by your side. With the elbow locked pointing to the ceiling, extend your arm behind you till it's straight.

Details: Tricep extensions hit the three different heads that make up a large part of the upper arm at once.



STRENGTH RATING:

Back

Exercise name: Deadlift

How to do it: Lay barbell on the floor. Put shins to the bar, bend knees and push from the legs. When bar passes hips, straighten back and stand up.

Details: The deadlift utilises every muscle in your body, from your back to your hamstrings.



STRENGTH RATING:

Quadriceps

Exercise name: Squats

How to do it: Using barbell in a squat rack, place bar on trapezius. Back straight, bend knees until hamstrings parallel with floor. Push from legs.

Details: Squats target all of your leg muscles, as well as most of your upper ones too.

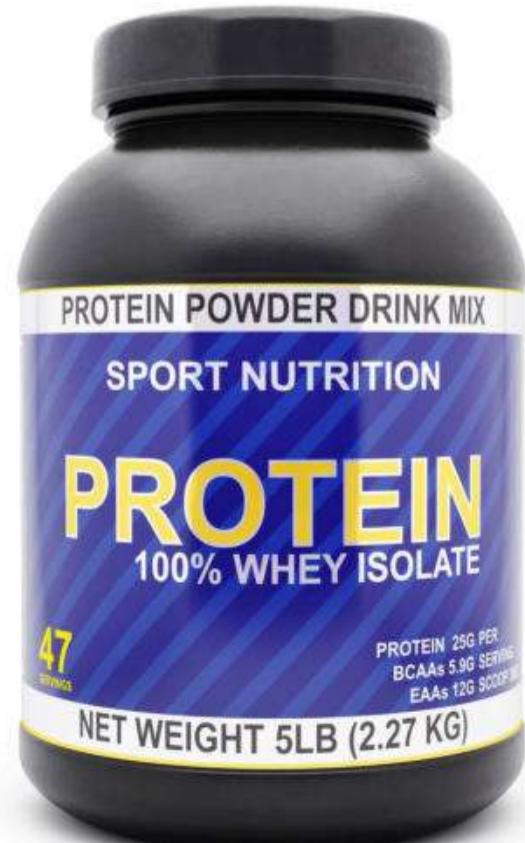


STRENGTH RATING:



Hysterical strength – fact or fiction?

Believe it or not, on occasion a desperate mother has found the strength to lift a car to save her threatened child. Seems impossible, right? Although there's no scientific evidence to support it, the most common theory is that the rush of adrenaline from the situation increases muscle twitching, enabling the recipient to be stronger and work harder for a very short period of time. When such an event occurs, though, what you don't hear about is the damage and injuries that these heroes usually suffer. It's why the body produces lactic acid in most cases, in order to stop the body from overdoing it.



Wheys and means

Many bodybuilders will supplement their diet with nutritional products – or even illegal drugs – to enhance their physique. Discover these common methods of bulking up...

WHEY PROTEIN

A must for anyone trying to increase size/strength, getting enough protein is crucial. Not only is it the building block for muscles – amino acids construct protein which then builds muscle – but eating enough (usually around 1.5-2.0g per lb of bodyweight) will see the body start to grow.

CREATINE

A natural substance already found in the body, creatine is an amino acid compound that stores energy. Supplementing with creatine can stop ATP levels (the substance that starts to drain when muscles are contracted) from depleting as quickly, meaning you can lift more weight for longer.



Testosterone can be injected

ANABOLIC STEROIDS

Ranging from injectables – such as pure testosterone which enables the body to grow beyond its means – and orals, steroids enter the muscle cells and stimulate them, which increases their production. Due to this, more cells will be developed, making the body bigger.



SCIENCE OF VISION

Uncovering one of the most complex constructs in the natural world

The structure of the human eye is so complex that it's difficult to believe that it's not the product of intelligent design but by looking at the eyes of other animals, scientists have shown that it evolved very gradually from a simple light-dark sensor over the course of around 100 million years.

The eye functions in a very similar way to a camera, with an opening through which the light enters, a lens for focusing and a light-sensitive membrane at the back.

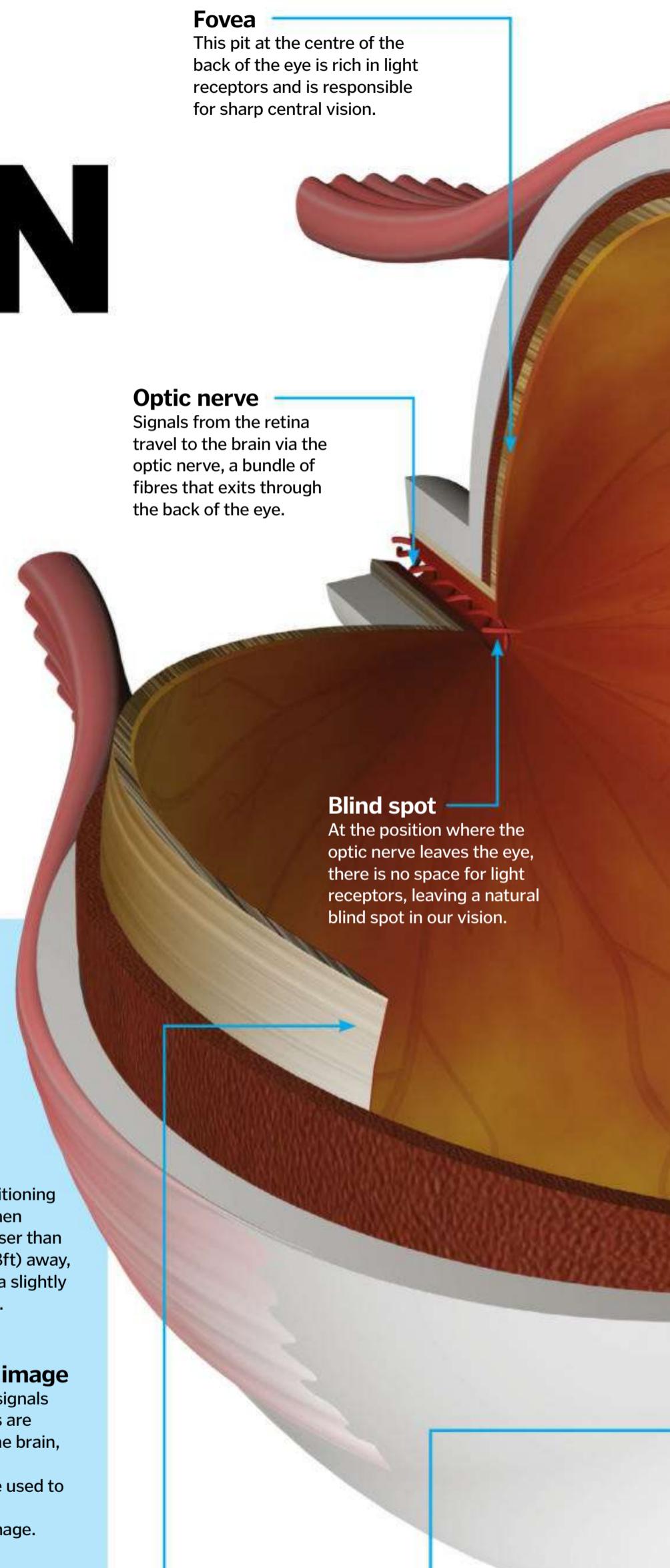
The amount of light that enters the eye is controlled by the circular and radial

muscles in the iris, which contract and relax to alter the size of the pupil. The light first passes through a tough protective sheet called the cornea, and then moves into the lens. This adjustable structure bends the light, focusing it down to a point on the retina, at the back of the eye.

The retina is covered in millions of light-sensitive receptors known as rods and cones. Each receptor contains pigment molecules, which change shape when they are hit by light, triggering an electrical message that travels to the brain via the optic nerve.

Fovea

This pit at the centre of the back of the eye is rich in light receptors and is responsible for sharp central vision.



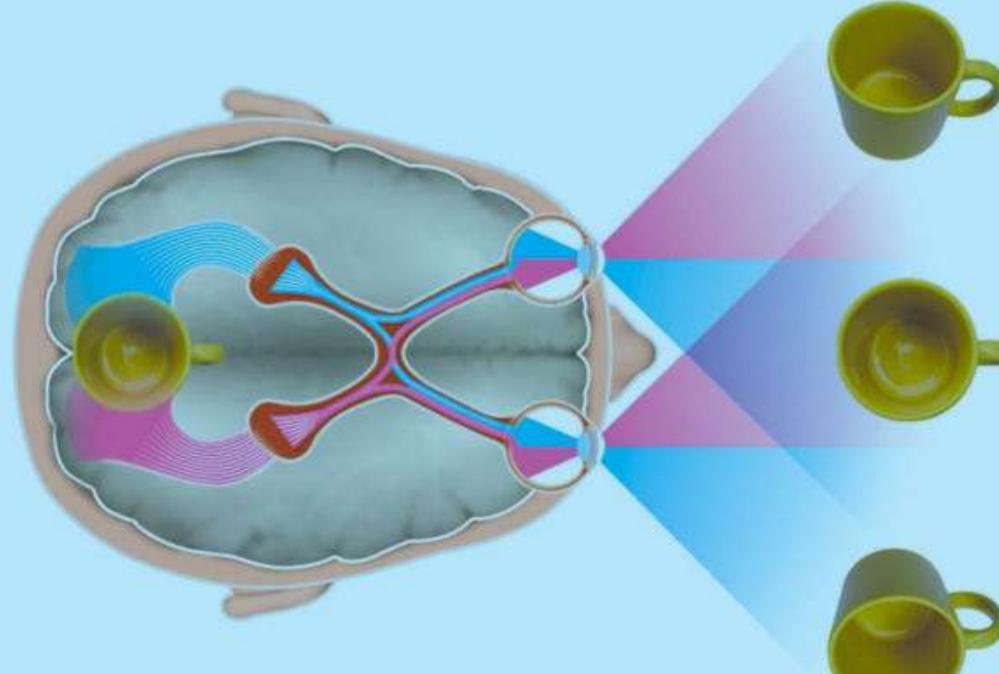
Blind spot

At the position where the optic nerve leaves the eye, there is no space for light receptors, leaving a natural blind spot in our vision.

Seeing in three dimensions

Each eye sees a slightly different image, allowing the brain to perceive depth

Our eyes are only able to produce two-dimensional images, but with some clever processing, the brain is able to build these flat pictures into a three-dimensional view. Our eyes are positioned about five centimetres (two inches) apart, so each sees the world from a slightly different angle. The brain compares the two pictures, using the differences to create the illusion of depth.



Individual image

Due to the positioning of our eyes, when objects are closer than about 5.5m (18ft) away, each eye sees a slightly different angle.

Combined image

The incoming signals from both eyes are compared in the brain, and the subtle differences are used to create a three-dimensional image.

Try it for yourself

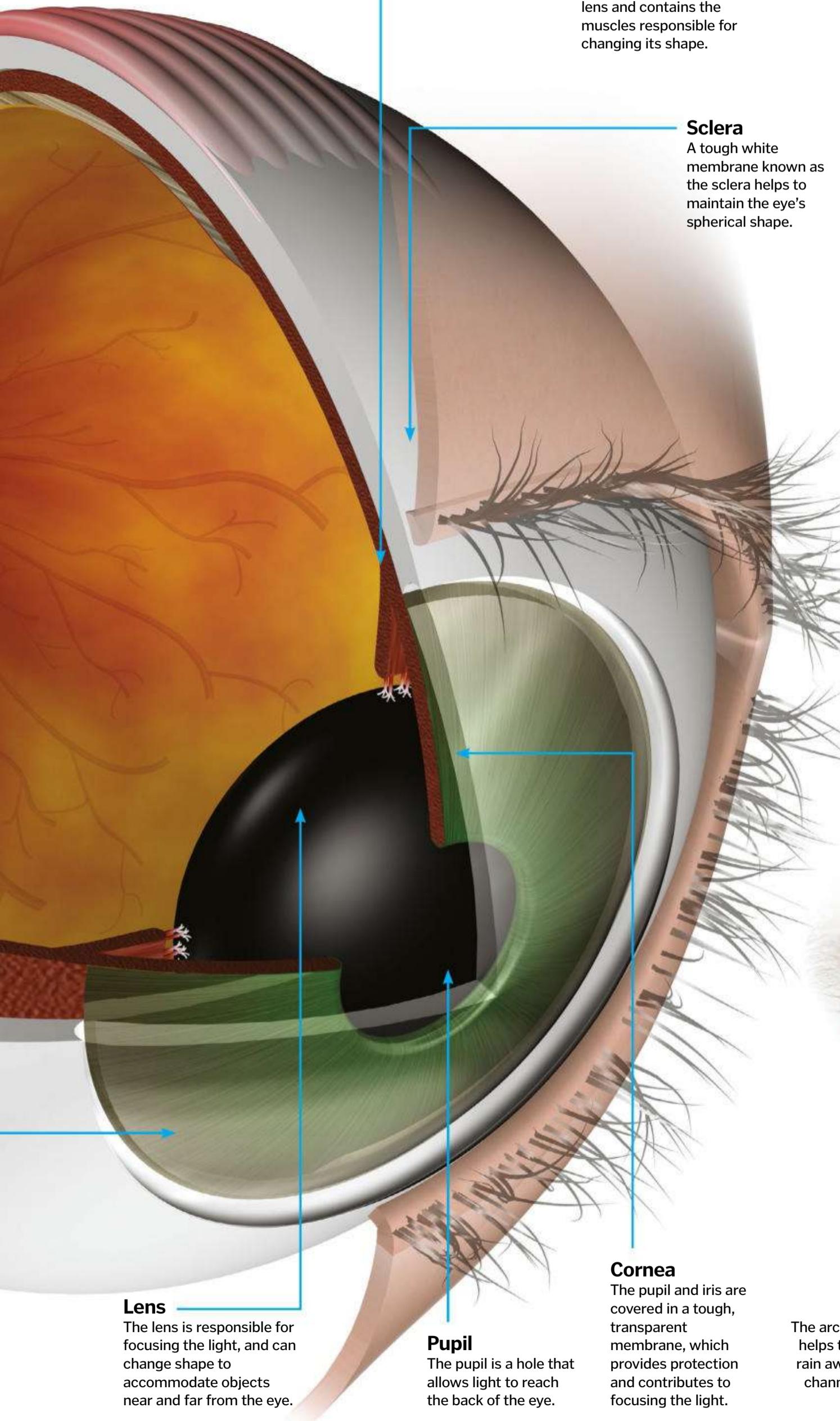
By holding your hand in front of your face and closing one eye at a time, it is easy to see the different 2D views perceived by each eye.

Retina

The retina is covered in receptors that detect light. It is highly pigmented, preventing the light from scattering and ensuring a crisp image.

Iris

This circular muscle controls the size of the pupil, allowing it to be closed down in bright light, or opened wide in the dark.



Vision problems

The most common problems with our eyesight

Farsightedness (hyperopia)

If the eye is too short, the cornea is too flat, or if the lens sits too far back, incoming light is focused behind the retina, making nearby objects appear blurry, particularly in the dark.



Nearsightedness (myopia)

If the eye is too long, or the cornea and lens are too curved, the light is focused before it hits the back of the eye, and then starts to defocus again as it reaches the retina, making distant objects difficult to see.

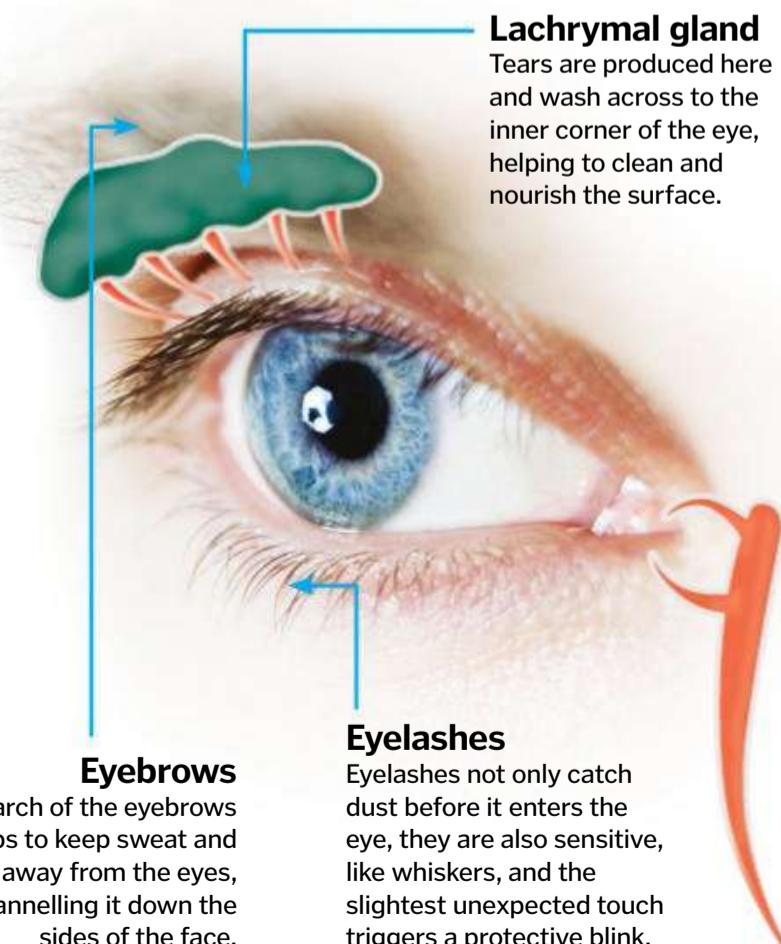


Colour-blindness

This rare condition is often linked to a gene on the X-chromosome and occurs more commonly in men than in women. A defect in the cone cells of the eye reduces the number of colours that can be detected.

Protection

The eyes are shielded by several layers of protection. They are almost completely encased in bone at the back and insulated from shock by layers of muscle and connective tissue. The front is kept moist with tears and constantly wiped by the eyelids, while the hairs of the eyebrows and eyelashes catch any debris that might fall in.





Colour vision

Why humans see the world in so many colours

Open your eyes, and you are met with an array of different colours, but amazingly you can only detect three different wavelengths of light, corresponding to green, blue, and red.

Combining these three signals in the brain creates millions of different shades.

Each eye has between 6 and 7 million cone cells, containing one of three colour-sensitive proteins known as opsins. When photons of light hit the opsins, they change shape, triggering a cascade that produces electrical signals, which in turn transmit the messages to the brain. Well over half of our cone cells respond to red light, around a third to green light, and just two per cent to blue light, giving us vision focused around the yellow-green region of the spectrum.

The vast majority of the cone cells in the human eye are located in the centre of the retina, on a spot known as the fovea, measuring just fractions of a millimetre across. Light is focused on this point, providing a crisp,

full-colour image at the centre of our vision. The remainder of the retina is dominated by 120 million rod cells, which detect light, but not colour.

We are so used to seeing the world in red, green and blue that it might seem strange to think that most other animals cannot, but three-coloured vision like our own is relatively unusual. Some species of fish, reptiles and birds have four-colour vision, able to see red, green, blue and ultraviolet or infrared light, but during mammalian evolution, two of the four cone types were lost, leaving most modern mammals with dichromatic vision – seeing in shades of just yellow and blue.

This was not a problem for many early mammals, because they were largely nocturnal, and lived underground, where there was little need for good colour vision. However, when primates started moving into the trees, a

Night monkeys have large eyes that enhance their nocturnal vision



gene duplication gave some species the ability to see red, providing a significant evolutionary advantage in picking out ripe red fruit against the green leaves.

Even today, not all primates can see in three colours; some have dichromatic vision, and many nocturnal monkeys only see in black and white. It is all down to environment; if you don't need to see all of the colours in order to survive, then why waste energy making the pigments?

Light and colour

As light hits the back of the eye, it interacts with two different types of cell; rods and cones

Sclera

The white part of the eye continues all the way to the back of the retina, providing structural support.

Pigment epithelium

This dense sheet of cells contains dark pigment granules, which absorb excess light, preventing it from scattering inside the eye.

Cone cell

The human eye has three types of light-sensitive cone cell, each for a different wavelength of light, red, green and blue respectively.

Rod cell

Rod cells cannot detect colour, but are extremely sensitive to light, allowing us to see in the dark.

Amacrine and bipolar cells

These cells transfer information from the rods and cones to the ganglion cells.

Retina

Light is detected by a multilayered membrane at the back of the eye.

Blood vessels

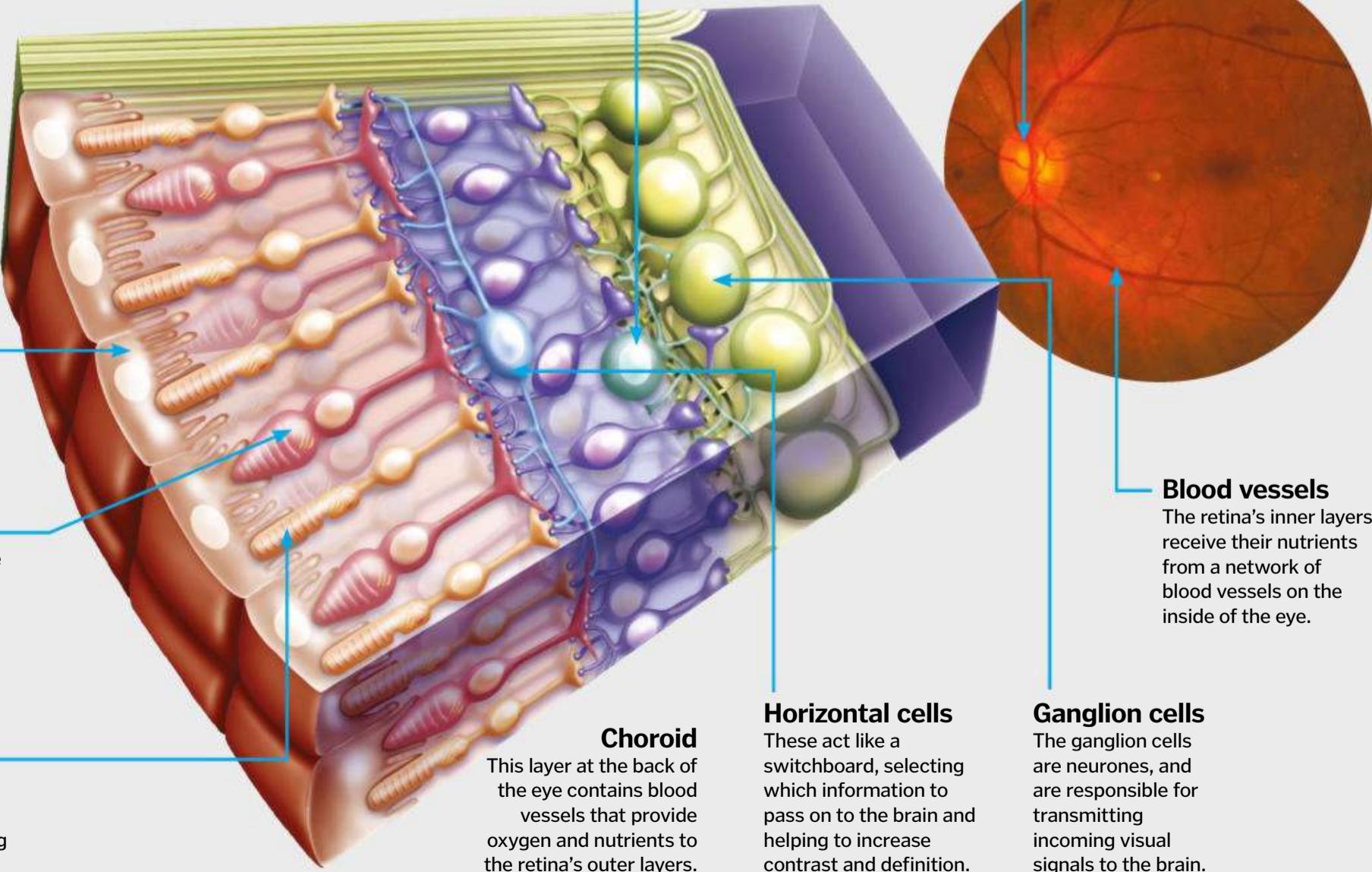
The retina's inner layers receive their nutrients from a network of blood vessels on the inside of the eye.

Horizontal cells

These act like a switchboard, selecting which information to pass on to the brain and helping to increase contrast and definition.

Ganglion cells

The ganglion cells are neurones, and are responsible for transmitting incoming visual signals to the brain.



How we see

Look around you – do you know what you're seeing with?

The back of the eye is covered in a layer of light-sensitive cells measuring just fractions of a millimetre in thickness. When photons of light hit the pigments inside the cells, it triggers a cascade of signals, which pass through a series of different connections before they are transmitted to the brain.

First, they move through interneurones and then to neurones known as ganglion cells. These cells are cross-linked, able to compare

adjacent signals, filtering out some of the information before passing it on to the brain. This helps to improve contrast and definition. The neurones travel across the back surface toward the optic nerve, which relays the information into the brain.

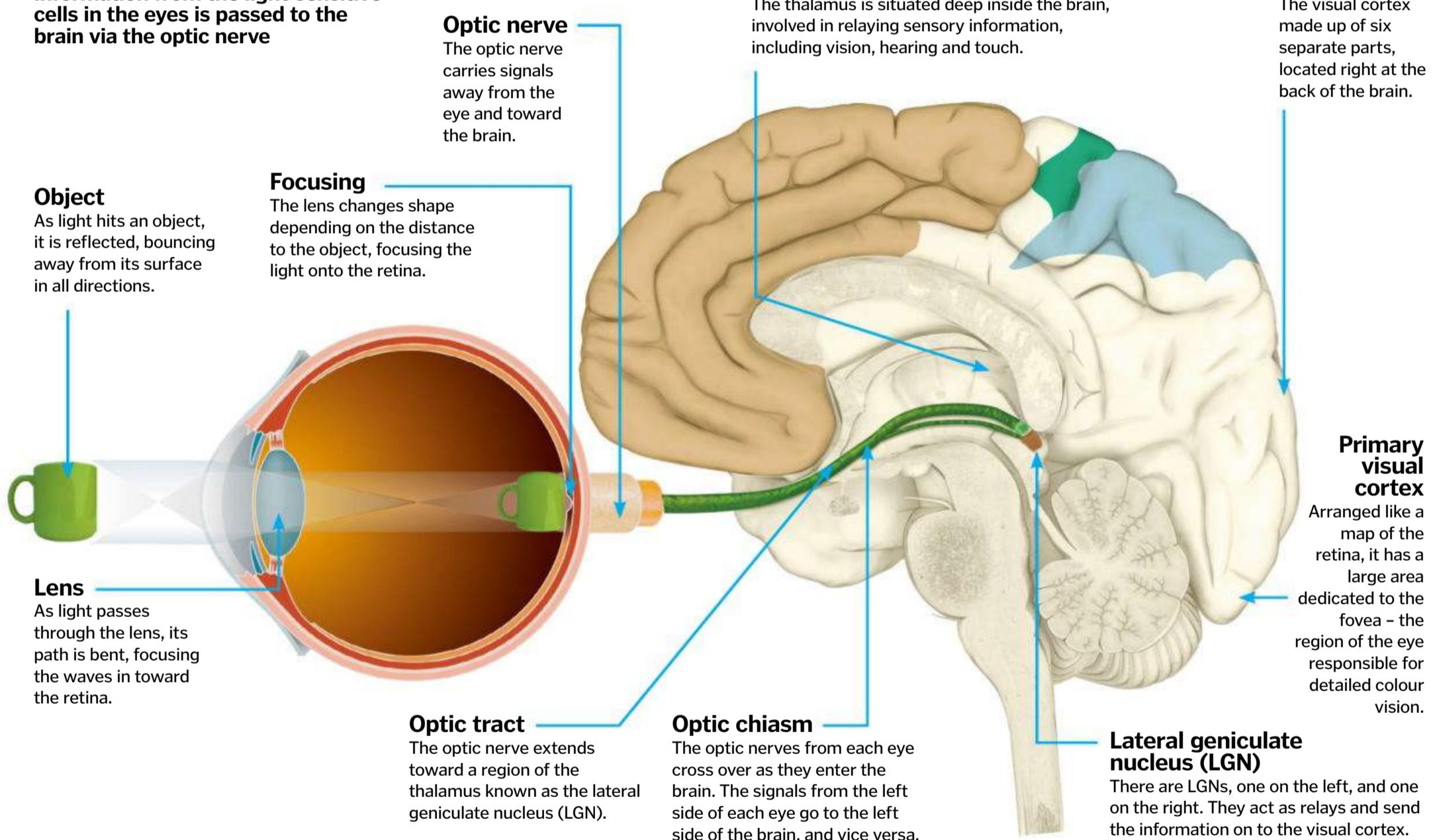
As the two optic nerves enter the brain, they cross over, coming together at a point known as the optic chiasm. Here, signals from the left side of both eyes are diverted to the left side of the

brain, and vice versa, allowing the images from both eyes to be combined and compared.

The signals enter the brain via the thalamus, which separates the incoming information into two parts, one containing colour and detail, and the other movement and contrast. The messages then move to the back of the brain, and into the visual cortex. The cortex is laid out so that it mirrors the back of the retina, allowing a detailed image to be reconstructed.

Optic nerve

Information from the light-sensitive cells in the eyes is passed to the brain via the optic nerve



Quick-fire questions

Why do we see in black and white at night?

The colour-sensitive cone cells in the eye function like slow camera film – they produce highly detailed images, but require lots of light to work. In contrast, light-sensitive rod cells are like fast film. They respond to low levels of light, but cannot detect colour, producing a grainy, black-and-white image.

Why does our eyesight get worse as we get older?

As the eye ages, the lens becomes less flexible, making it increasingly difficult to focus on nearby objects. Luckily, this is easily corrected with glasses. Cloudy areas, known as cataracts, can also start to appear within the lens, making vision appear blurred or misty, but this can often be fixed with simple surgery.

Why do our eyes jump instead of moving around smoothly?

Movement of the eye is controlled by the brainstem. Our vision would be blurry if our eyes moved smoothly, so they jump in steps known as saccades. The brain stitches the images together, like the frames in a film, producing the illusion of continuous movement.

Why do some animals have their eyes on the sides of their head?

Forward-facing eyes are incredibly useful for primates, who need to be able to accurately judge depth when jumping between trees, for example, and for predators who need to pinpoint their prey. In contrast, prey animals need to be able to watch for danger, and often sacrifice binocular vision for a more rounded view of their environment.



The retina

How does this photosensitive layer enable us to see pictures?

The retina is a special type of light-sensitive tissue located in the interior of the eye that's so analogous to brain tissue, it's considered a part of the central nervous system. If you consider our eyes to be cameras, then the retina is the film. However, the retina does much more than just send a 'picture' to the brain – it actually has to compress the image so that it can be conveyed via the optic nerve, because the photoreceptors in the retina can take in more information than the optic nerve can convey.

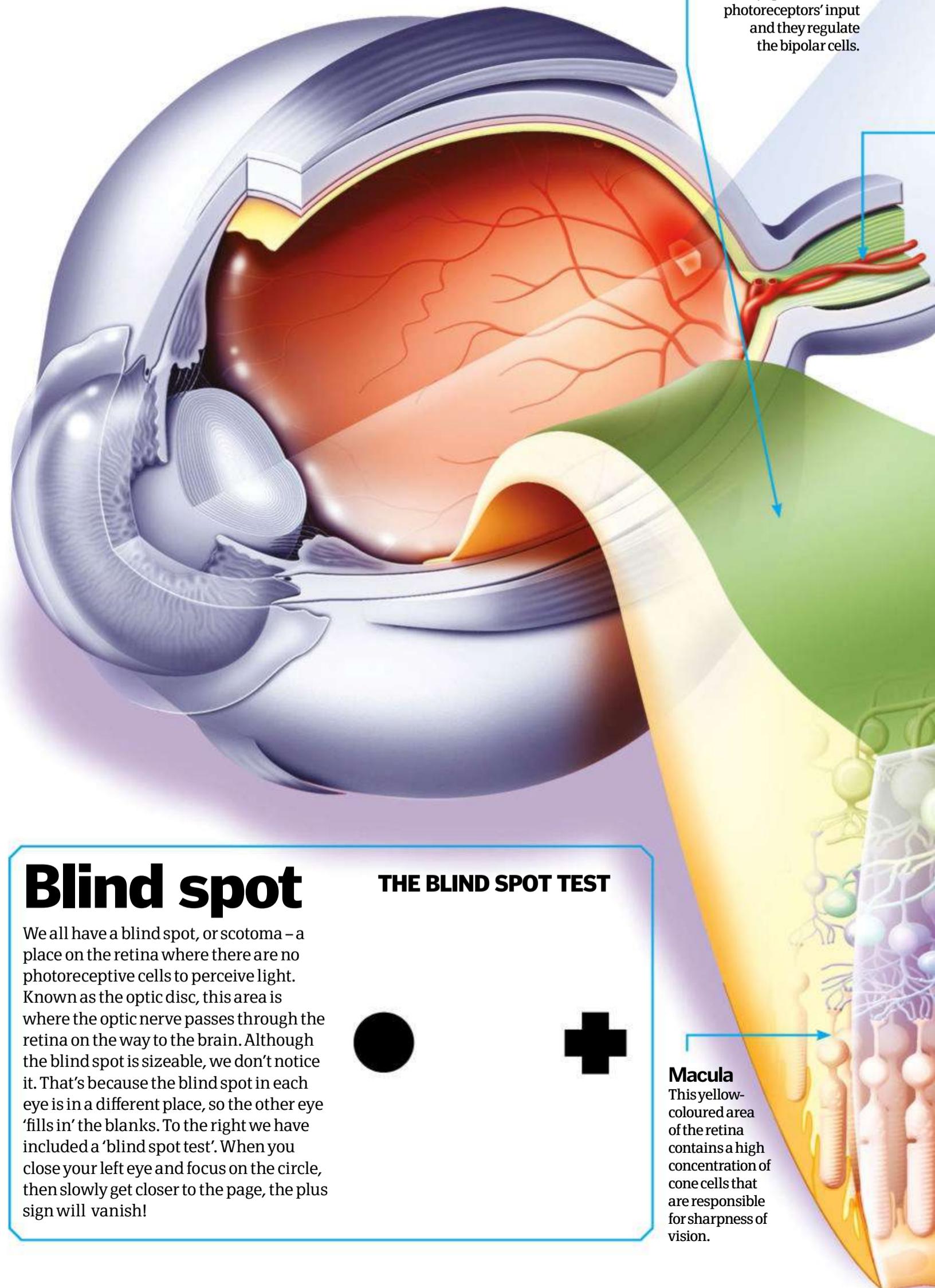
Although it looks like a single layer, the retina is actually very complex and comprises ten layers of nerve cells, all of which are connected by synapses. Within each of these layers are several different types of cells: the photoreceptors called rods and cones, photosensitive ganglion cells, bipolar cells and other cells that assist with regulating light input as well as processing and transmitting images. Rods and cones each have their own function. Rods are more sensitive to light and are responsible for night vision and peripheral vision; each one can respond to a single photon, or particle, of light. Cones, on the other hand, work in bright light and are responsible for seeing colour, fine detail and rapid movements.

Until the Nineties, it was thought that only rods and cones were involved in sight. Then researchers discovered a much rarer type of cell called photosensitive ganglion cells. These cells help regulate pupil size and the light/dark cycle, or circadian rhythms, that we function by.

Light reaches the rods and cones by first passing through transparent layers of nerve cells. When it reaches these photoreceptors, the light causes chemical changes in the rods and cones. The raw data is sent back through the layers of nerve cells, which process and encode the image before sending it via the optic nerve to the brain.

Retina anatomy

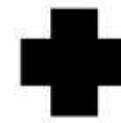
The eye is one of the most complex structures in the body – and the retina plays a vital role...



Blind spot

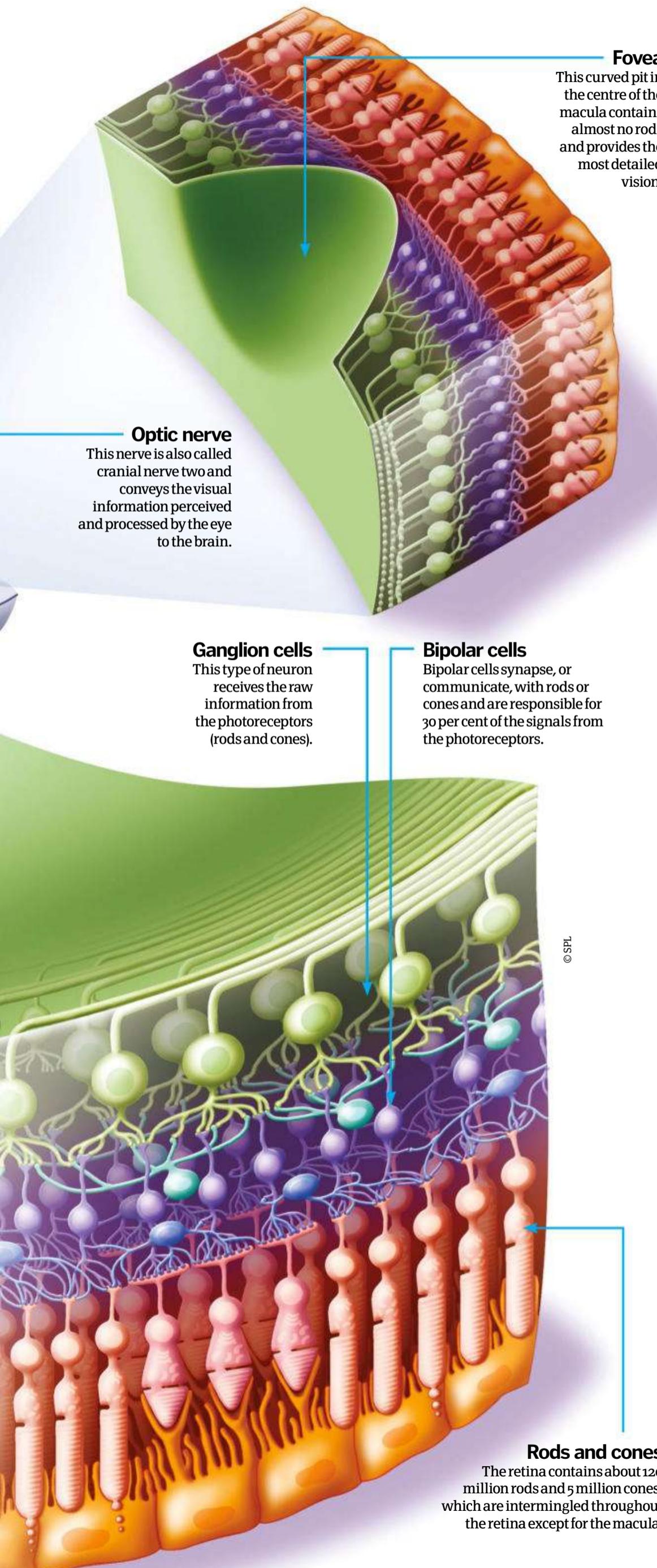
We all have a blind spot, or scotoma – a place on the retina where there are no photoreceptive cells to perceive light. Known as the optic disc, this area is where the optic nerve passes through the retina on the way to the brain. Although the blind spot is sizeable, we don't notice it. That's because the blind spot in each eye is in a different place, so the other eye 'fills in' the blanks. To the right we have included a 'blind spot test'. When you close your left eye and focus on the circle, then slowly get closer to the page, the plus sign will vanish!

THE BLIND SPOT TEST



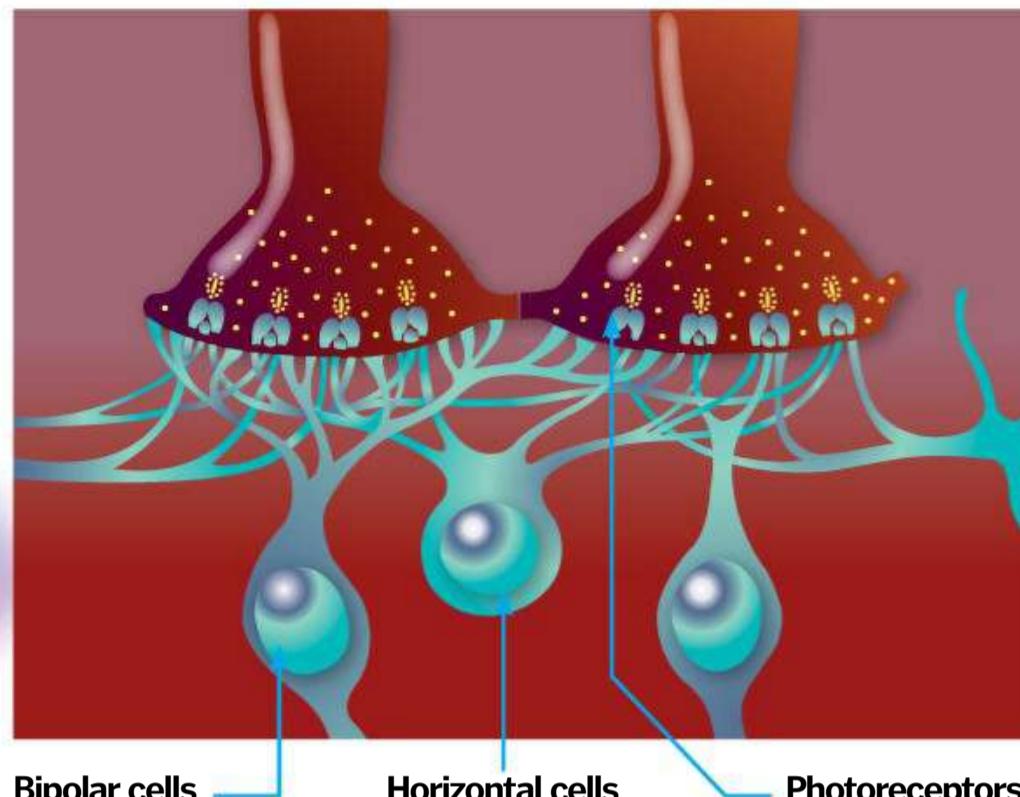
Macula
This yellow-coloured area of the retina contains a high concentration of cone cells that are responsible for sharpness of vision.

DID YOU KNOW? Octopus eyes have nerves attached to the rear of the retina, meaning they don't have a blind spot like humans



Synapses

Neurons work together to combine data from rod and cone cells into messages that travel to the brain



Bipolar cells

Each bipolar cell corresponds to a specific cone or rod cell.

Horizontal cells

These neurons interconnect different types of photoreceptors and also regulate their function.

Photoreceptors

Rods and cones each transmit their own input during the vision process.



Retinal scan

Iris scanning is the more common form of biometrics when it comes to eyes, but did you know that our retinas also have special identifying characteristics? It all comes down to the complex network of blood vessels in the retina; even twins' retinas are different. When you look into a retinal scanner, a low-energy

beam of infrared light is reflected by the capillaries. The resulting unique pattern is then stored as code within a database. Retinal scanners are fast and reliable, but the downside is that the scanners are expensive and the pattern can change over time with certain diseases or other eye problems.



The human pelvis

Linking our upper and lower body, this basin-shaped complex of bones is essential for getting around



The pelvis is an essential part of the skeleton which acts as a junction between the abdomen and the legs. It consists of eight key structures: the sacrum, ilium, ischium, pubic bone, pubic symphysis, obturator foramen, acetabulum and coccyx, which are laid out symmetrically. Together these make up the bony pelvis.

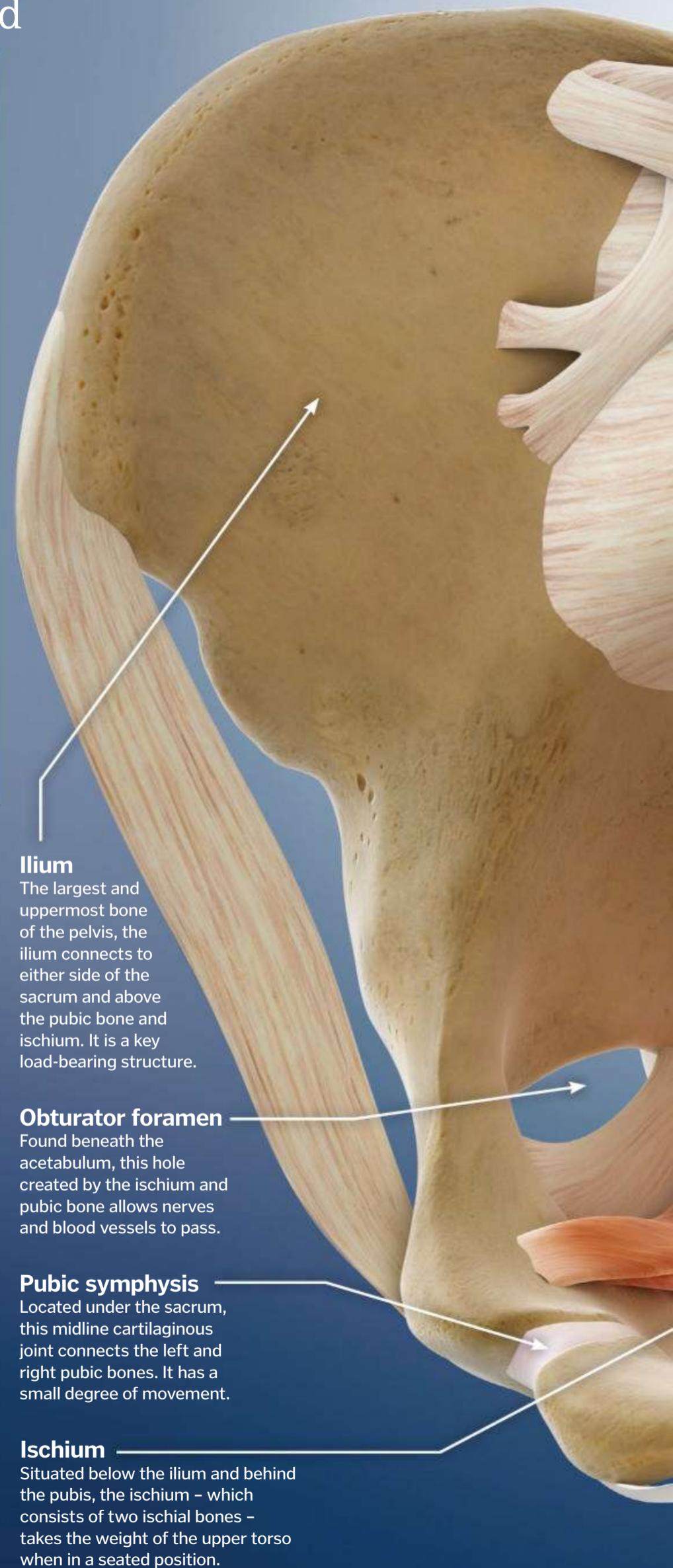
The role of the pelvis is threefold. Firstly, it serves as a connecting mechanism between the torso and the legs. Secondly, it is a vital support and balance structure for the upper body. And thirdly it provides a protective, containing cradle for the intestines, bladder and internal sex organs.

The pelvis – technically referred to as the pelvic girdle in this context – consists of a pair of hipbones connected to the base of the vertebral column. Each hipbone is formed from the fusing of three smaller bones (the ilium, ischium and pubic bone) that, when combined, link the base of the spine (the sacrum) to the lower limbs via the acetabula – the

cup-shaped cavities into which the femurs fit via ball-and-socket joints.

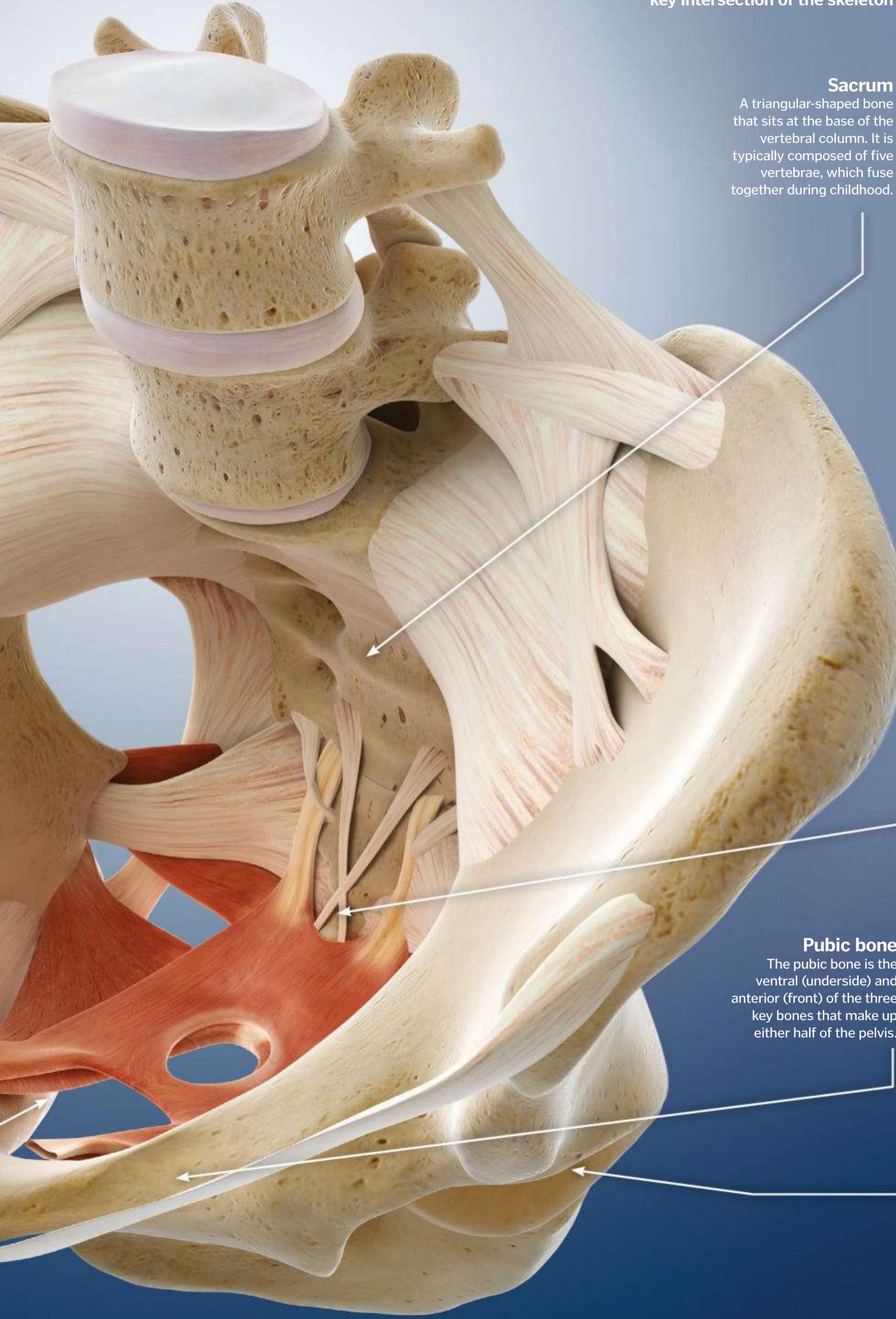
The pelvic girdle, when fully formed, resembles a roughly cylindrical basin, or the pelvic cavity, perforated on the underside with two main sets of holes. These are the aforementioned acetabula, as well as the obturator foramina, the former receiving the thighbones (femurs) and the latter allowing for the passage of nerves and blood vessels between the torso and the lower body.

Interestingly, in infants the pelvis is a far narrower structure than at full maturity, offering little – if any – support. This changes as we grow, with the pelvis broadening and tilting under the influence of increased walking and standing. When it is fully formed, the human pelvic skeleton can comprise more than ten bones, with the number determined by the composition of the individual's tailbone (coccyx). This structure is composed of three to five successively smaller caudal vertebrae located at the base of the sacrum.



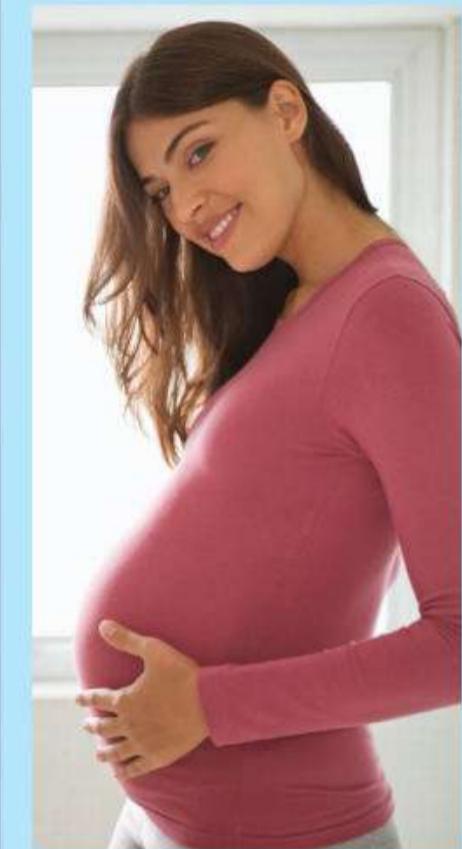
Pelvic girdle anatomy

Learn about the major components of this key intersection of the skeleton



Male vs female

Differences between the male and female pelvis are numerous and stem, primarily, from the female's reproductive system. For example, the female pelvic basin is broader than the male equivalent, the pubic symphysis short and the pubic bones connect in a wider angle with each other. In addition, the coccyx has a greater degree of movement and the two acetabula are spaced farther apart. All together these allow a rounded and spacious birth canal – which hasn't been an evolutionary priority in the male of the species.



Coccyx

The tailbone is a curved, semi-flexible structure located at the lower end of the spine. It is made up of three to five successively smaller caudal vertebrae.

Pubic bone

The pubic bone is the ventral (underside) and anterior (front) of the three key bones that make up either half of the pelvis.

Acetabulum

A concave surface within the lower pelvis, the acetabula are two deep cavities into which the top of the femurs sit on either side of the pelvis.



The lymphatic system

Learn what role our lymphatic system plays in keeping nasty bugs at bay

The red blood cells that carry oxygen around our bodies travel through blood vessels suspended in fluid known as plasma. It moves through vessels at such pressure that plasma can leak into the tissues. The lymphatic system helps remove it from the tissues and return it to the circulation.

The lymphatic system is similar to the circulatory system, in that it is composed of a series of vessels, found mostly in the skin and

around internal organs. But the tubes do not make a circuit and there is no pump. The fluid, known as lymph, relies on the contraction of nearby muscles to return to the circulation at the subclavian veins near the collarbones.

The lymphatic system is also a transport route for the immune system. At intervals along the lymphatic vessels are between around 600 and 700 lymph nodes. Larger organs like the spleen and thymus are also connected to the network.

These organs manage immune surveillance; if an antigen-presenting cell (APC) of the immune system encounters a pathogen, it will return to the nearest lymph node with intel about the intruder. The specialist attack cells of the immune system, lymphocytes, circulate through the lymphatic system, scanning for matching patterns and, if one is found, they use the lymph node as a base to adapt until an army of enemy-specific clones is created.

Swollen lymph glands are often a sure sign of infection or disease



When the lymphatic system goes wrong

One of the most common problems associated with the lymphatic system is blockage. If any of the vessels becomes occluded, fluid cannot be properly drained from the tissues and from that point it begins to accumulate. This condition, medically known as lymphoedema, results in a buildup of fluid in the limbs, causing swelling.

Certain species of parasitic worm rely on the human lymphatic system for part of their life cycle, and the presence of a worm infection can be one cause of lymphoedema. This is further complicated by the immune system, which responds to the worms, and any bacteria they might be infected with, leading to thickening of the skin and a condition known as elephantiasis.

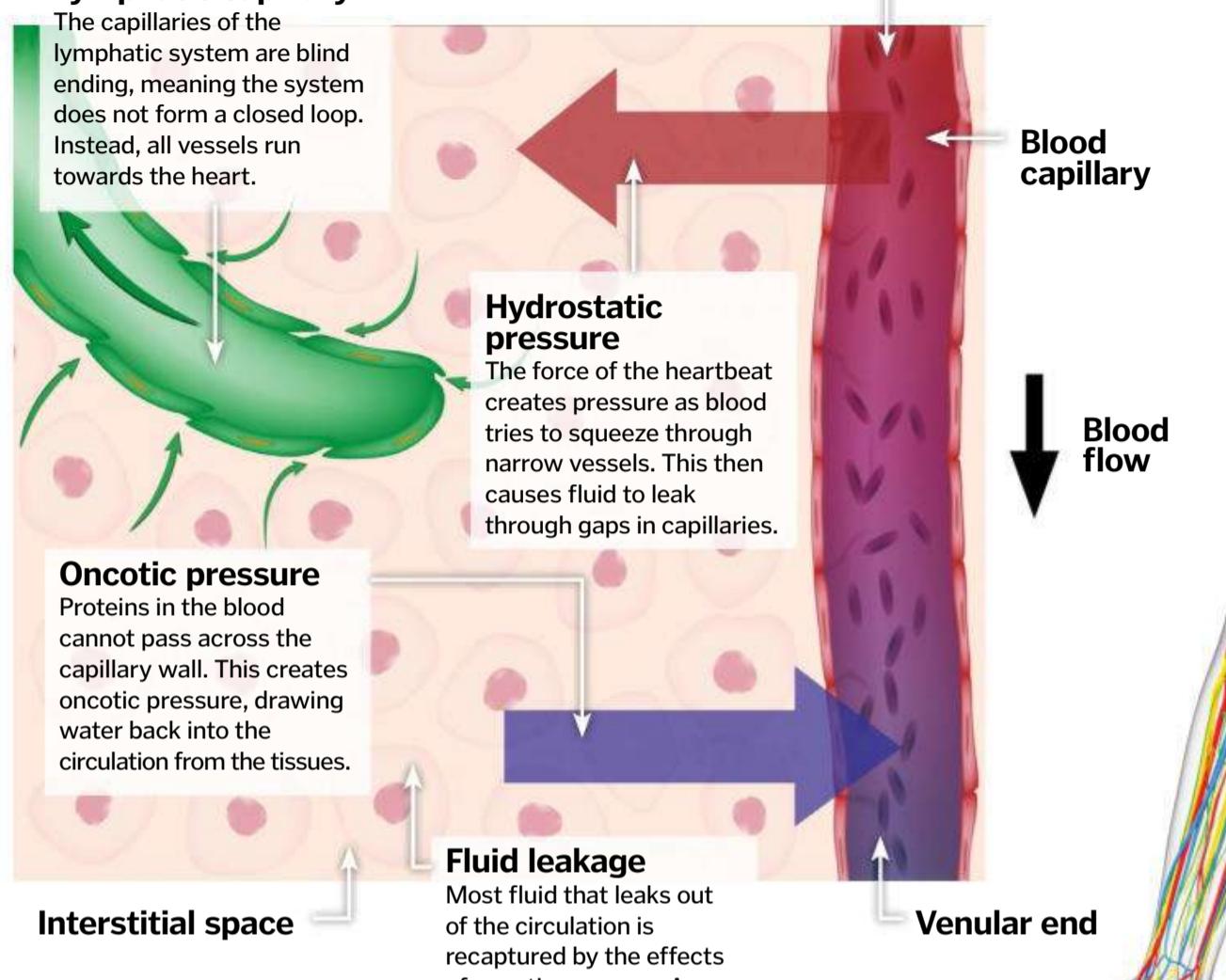
Illness also affects the lymph nodes, which become swollen during infection as immune cells divide. Sometimes, cancerous transformation occurs in one of the immune cells, leading to lymphoma and eventually forming a tumour in the node.

Capillary fluid exchange in action

See how lymph is transferred between the circulatory and lymphatic systems

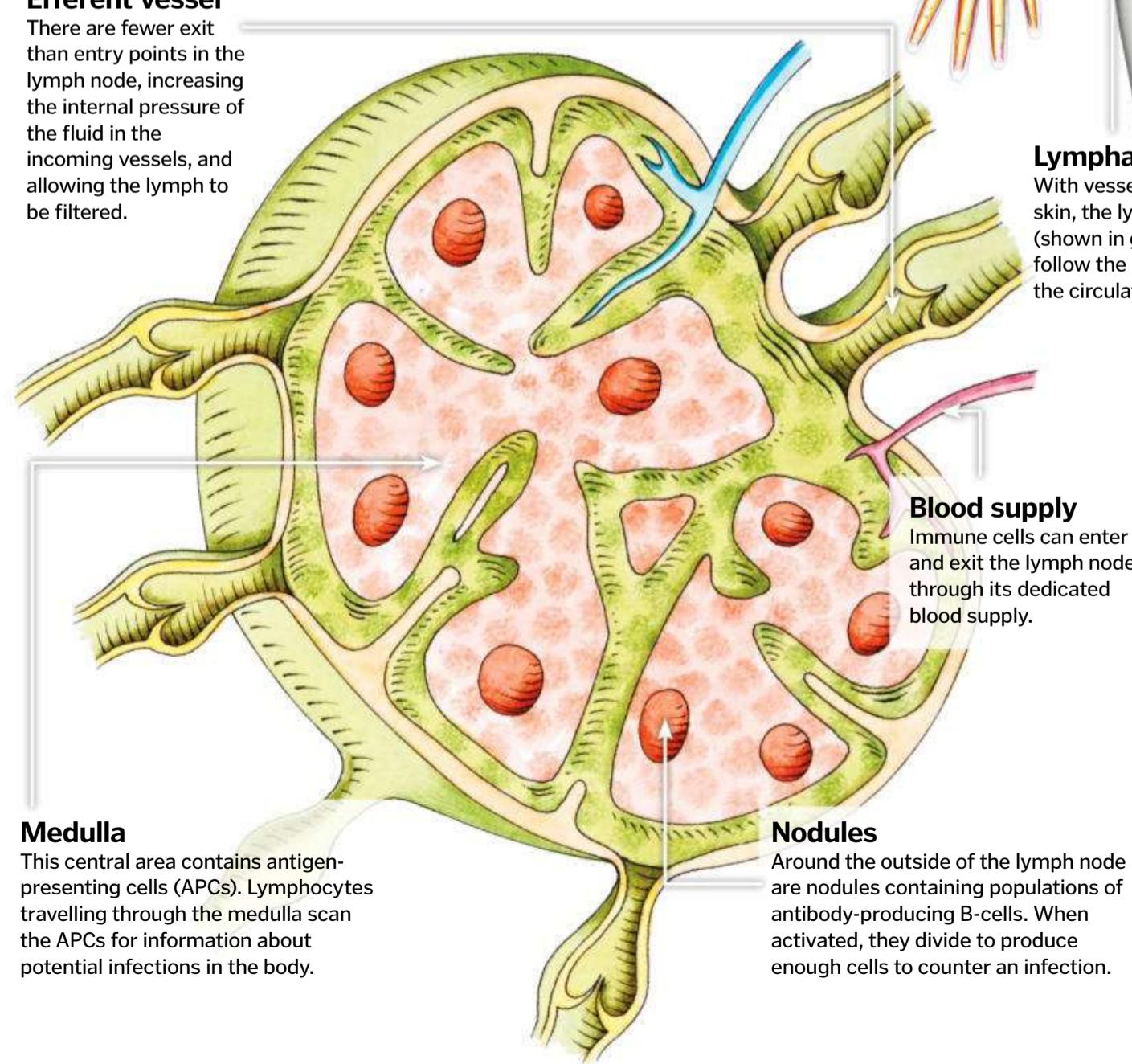
Lymphatic capillary

The capillaries of the lymphatic system are blind ending, meaning the system does not form a closed loop. Instead, all vessels run towards the heart.



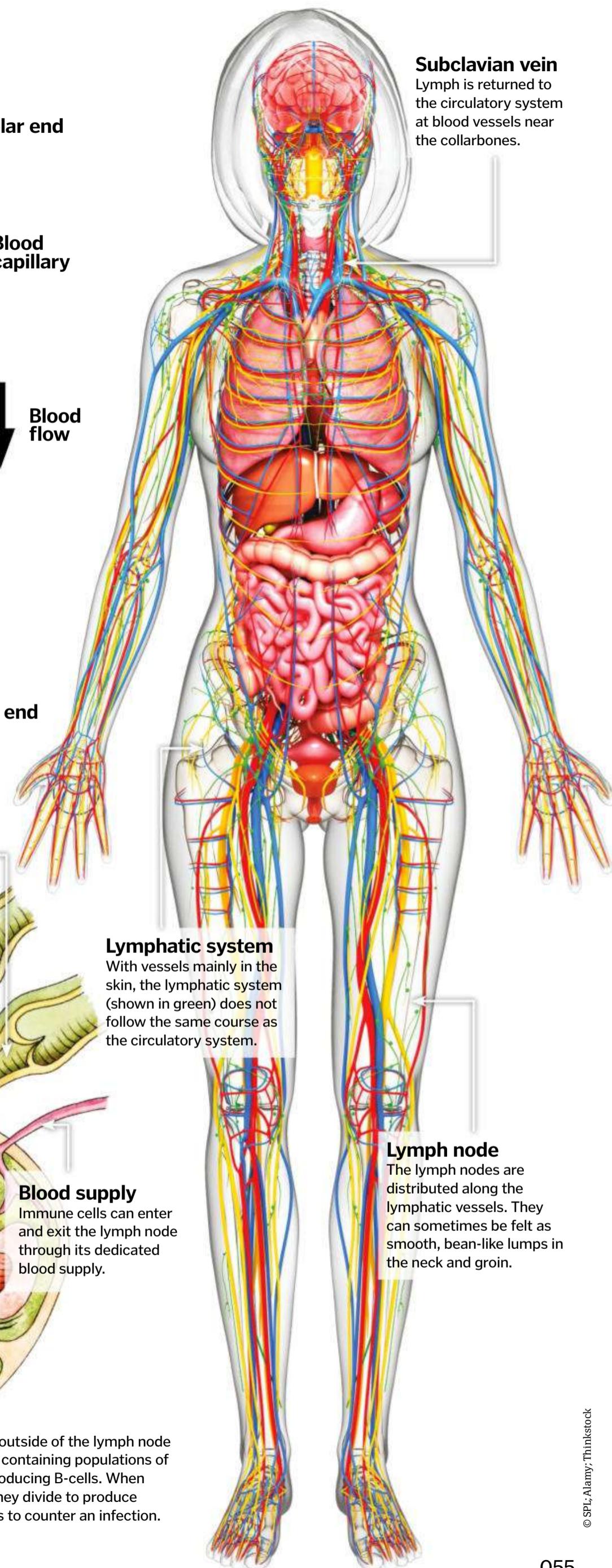
Efferent vessel

There are fewer exit than entry points in the lymph node, increasing the internal pressure of the fluid in the incoming vessels, and allowing the lymph to be filtered.



Subclavian vein

Lymph is returned to the circulatory system at blood vessels near the collarbones.

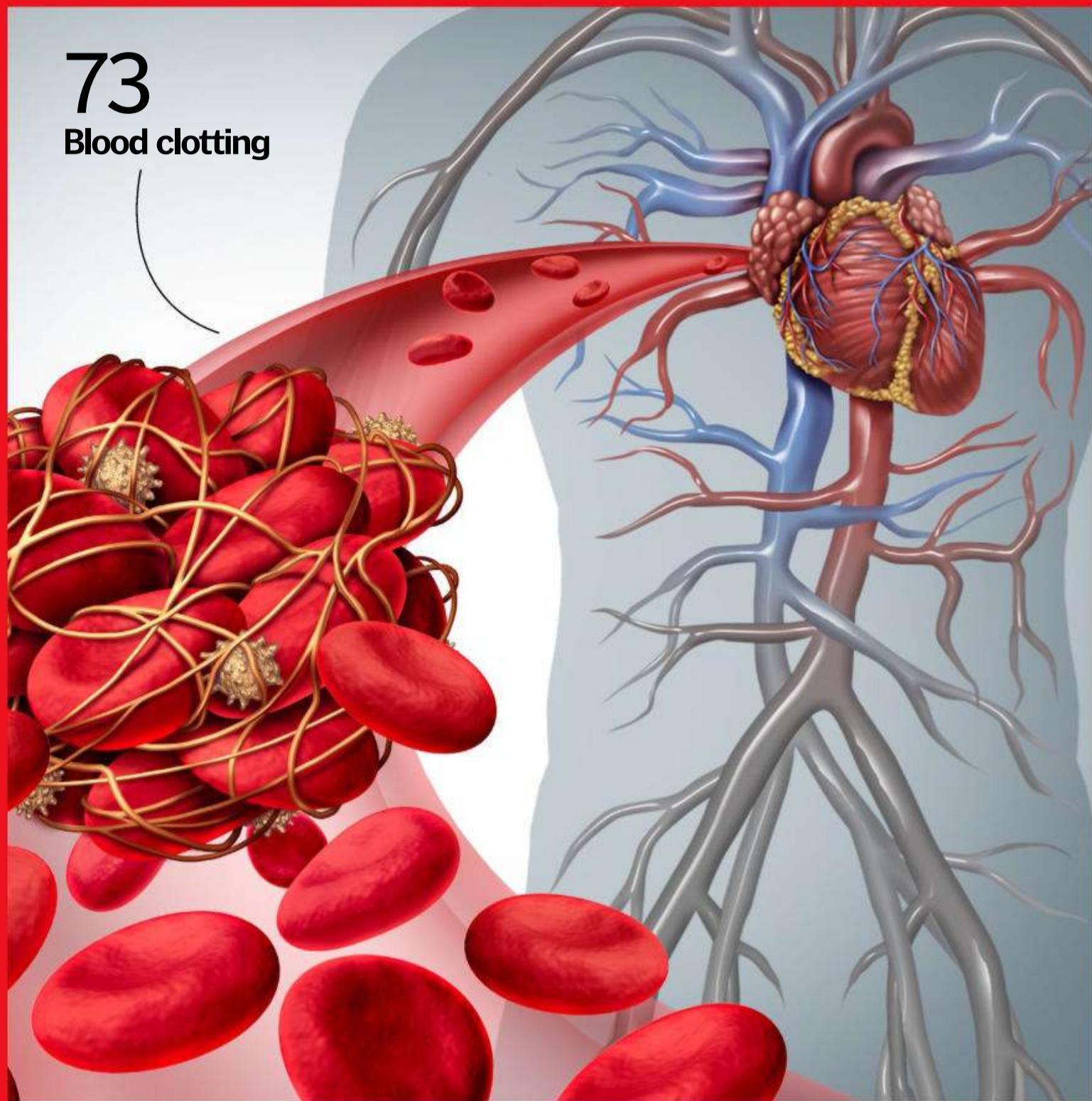




HEALTH AND MEDICINE

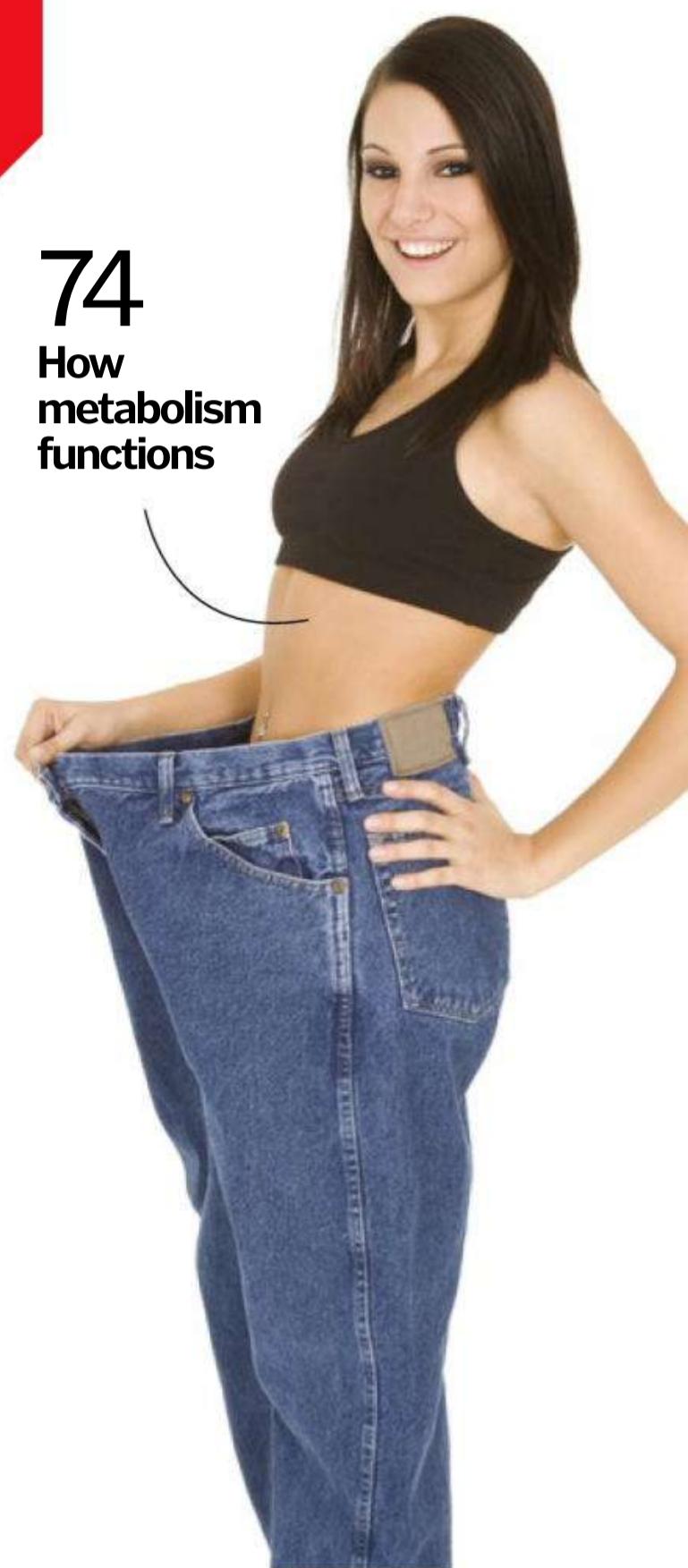
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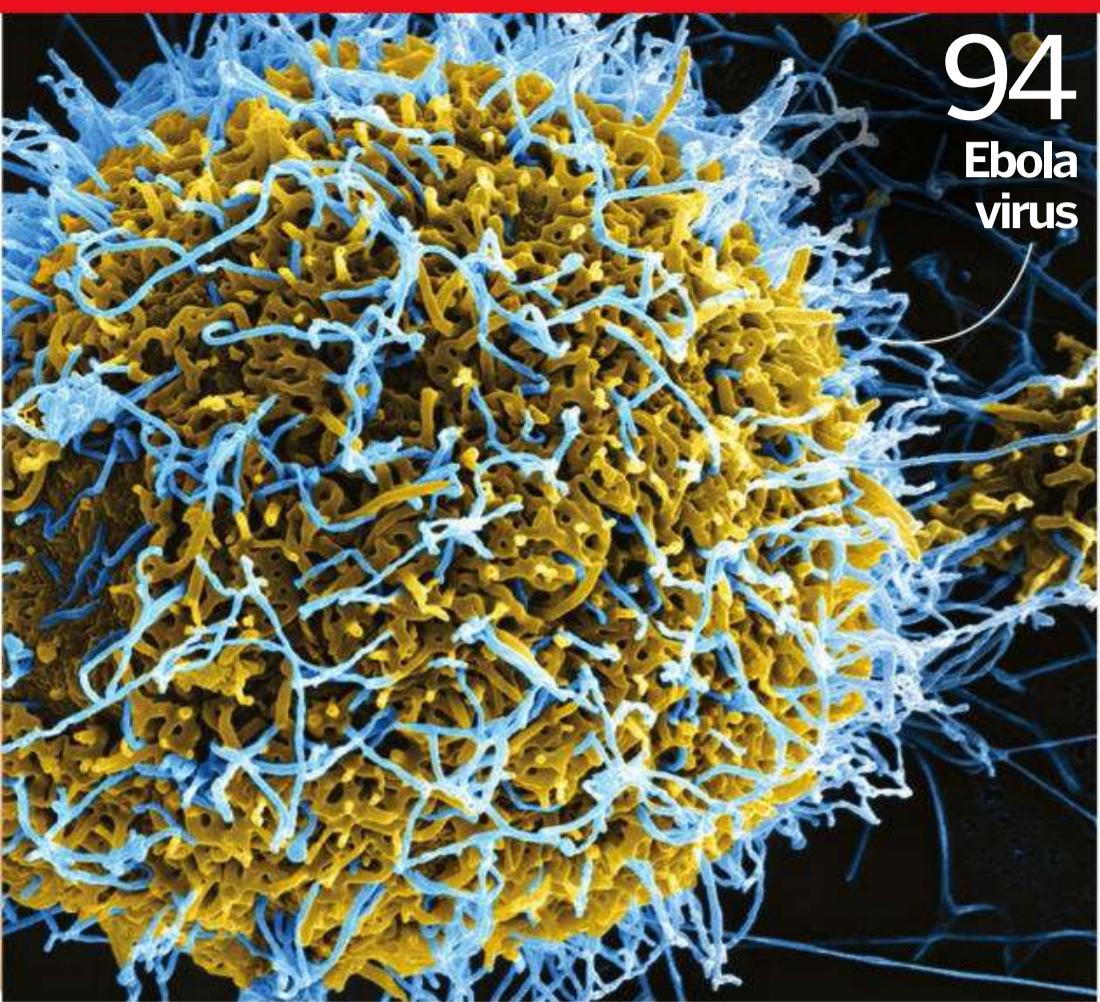
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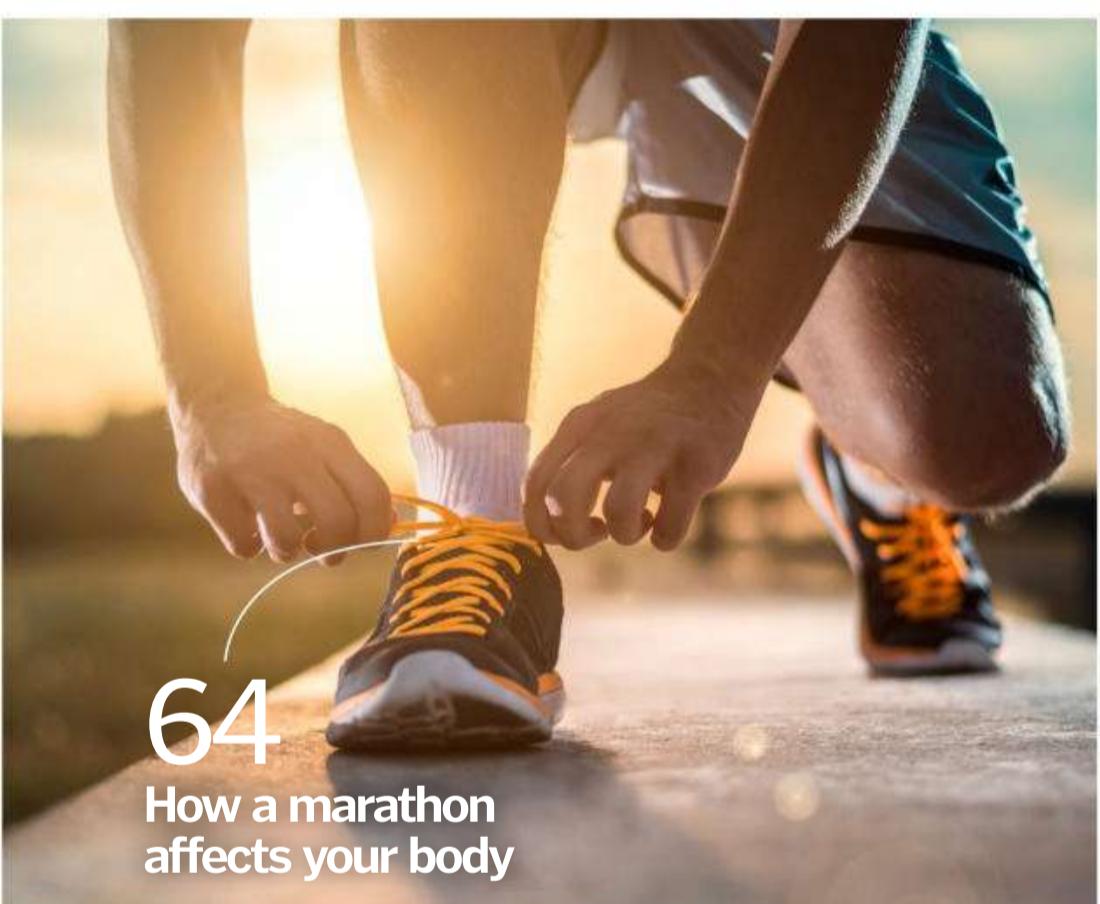
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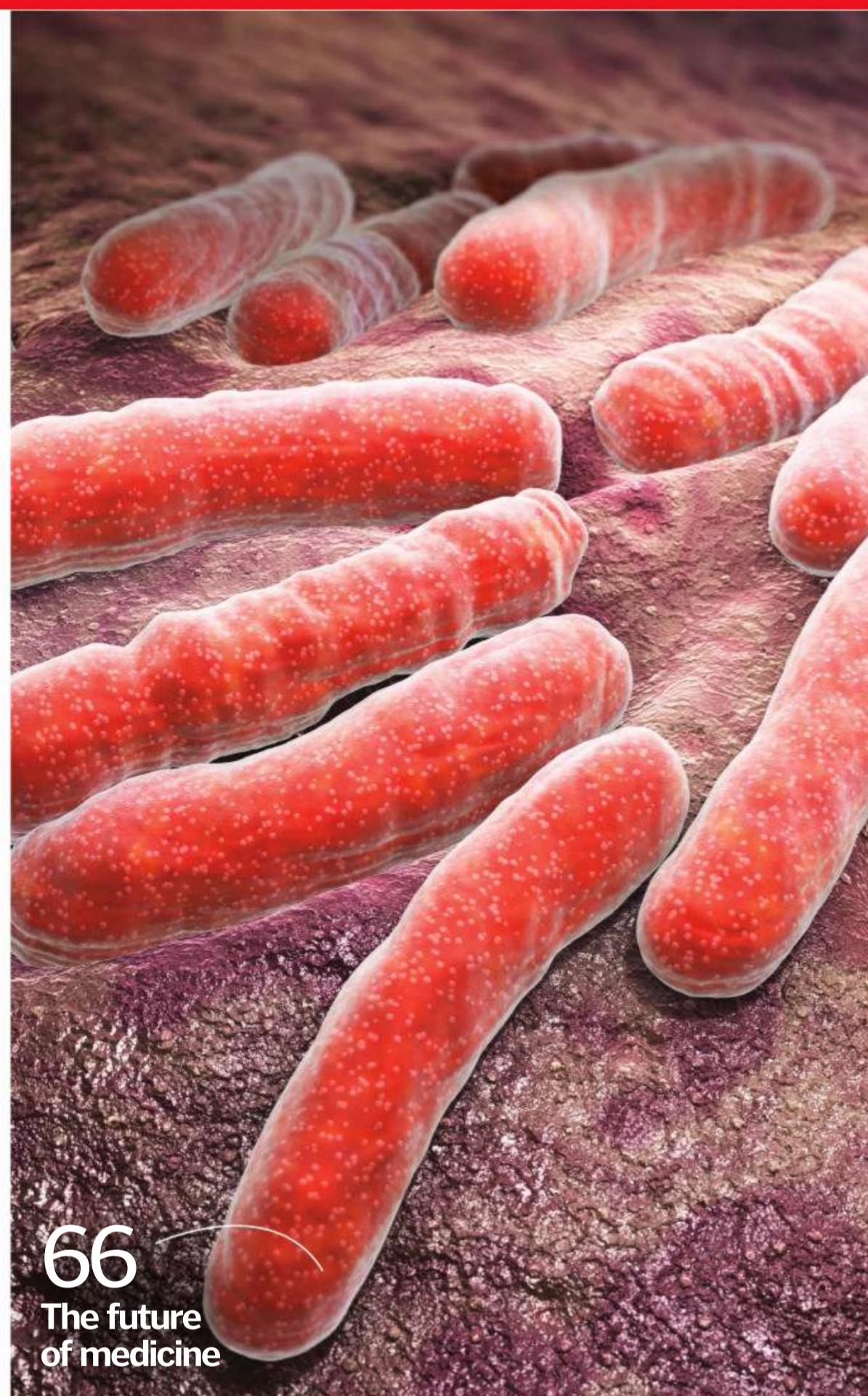
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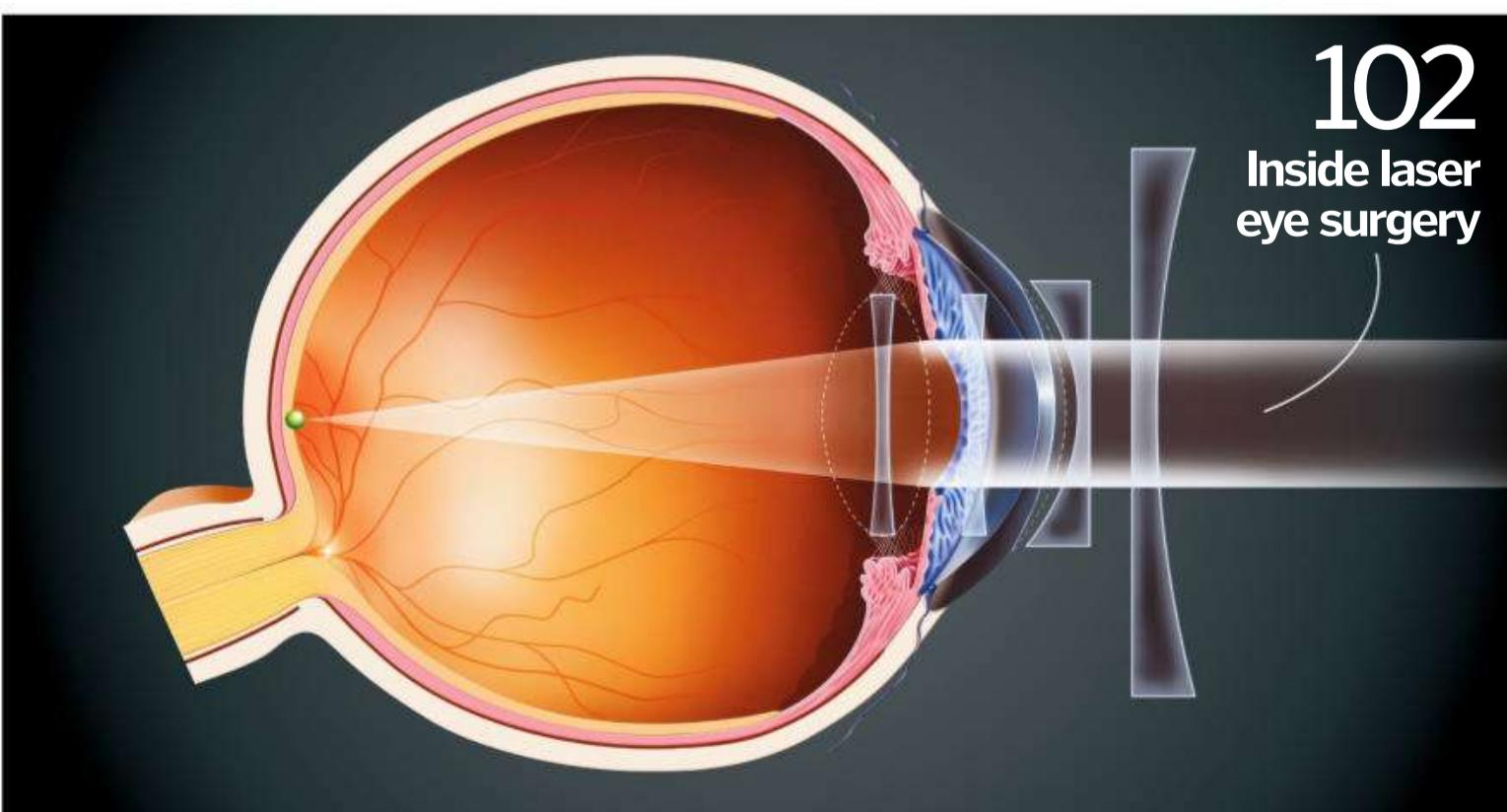
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Why do we get fat?

As the obesity epidemic grows, it is important to understand just what causes us to gain weight

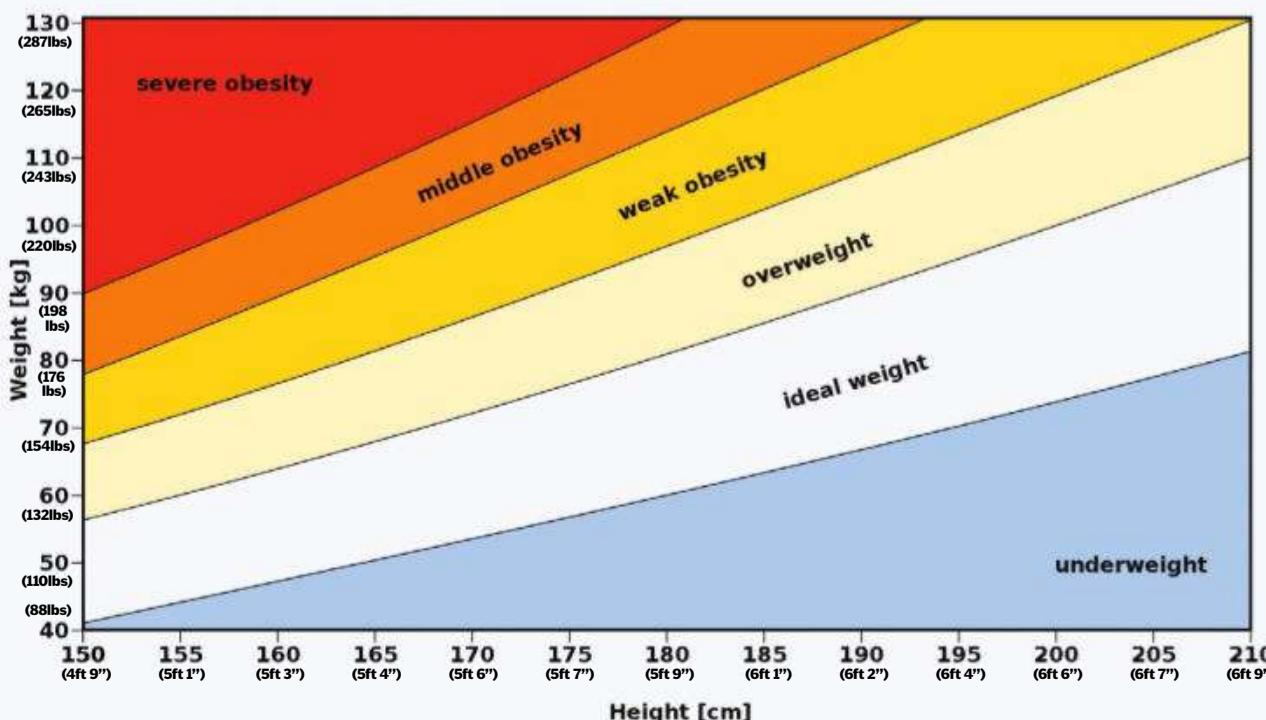
Daily calorie intake for an average adult is set between 2,000 and 2,500kcal and recommended fat intake is between 70 and 90 grams. The body needs this level of calories in order to function at maximum efficiency. However, if we consume more than is needed to run our body, it stores these extra calories as fat. These fat stores can serve as a reserve if we don't eat enough, but if someone consistently over-eats, they'll become overweight as the body continues to store the excess calories.

Obesity is becoming more prevalent across the world, within developed and developing countries. Highly calorific food and snacks, with generally poor nutritional value, have become more widely and cheaply available and the amount of saturated fat being consumed by an average adult is much higher than 20 years ago. Changes in behavioural

patterns of societies have also contributed to the problem as average levels of physical activity have reduced. Eating patterns have also changed due to lifestyle changes. Busy lives and more focus being placed on careers has led to the advent of the 'ready meal' and an increase in the number of takeaways eaten – which are often very high in saturated fat and calories. Genes can also have an impact on weight gain, but most cases of obesity that we see are actually due to average calorie intake increasing, with actual need reducing.

Over the last 20 years, child obesity levels have also been increasing dramatically, again primarily due to physical exertion decreasing and calorific intake increasing. This is of particular concern because of the many health problems associated with obesity such as type 2 diabetes, cardiovascular disease, strokes and certain forms of cancer among others.

Working out your body mass index (BMI)



Immunisation: how it keeps you healthy

Your body has the tools to keep you safe from disease



The vaccination process in action

Before the vaccine, everyone got chicken pox. You'd get it once as a kid and then wouldn't get it again. This is a perfect example of immunisation. Antigens are foreign molecules that when introduced, the body recognises as an 'intruder' and fights with antibodies, creating an immune response. Antibodies neutralise the antigen so that the next time around they know what to do. Vaccinations make immunisation even more convenient because you don't even have to get sick the first time around while your antibodies do their work.

Vaccines carry inactive bacterial toxins, killed microbes, parts of microbes, and weakened microbes. Basically, enough 'stuff' to catch your antibodies' attention, but not enough to make you sick. Nowadays, instead of actually having chicken pox, kids often get the vaccination, therefore avoiding the itchy bumps and fever but creating the 'immunological memory' needed to fight it the next time it tries to invade the body. Vaccinations have led to the eradication of smallpox and are coming very close to eradicating polio worldwide.

Vaccinations and natural immune responses are called 'active immunity' because it requires the work of your immune system. 'Passive immunity' occurs when actual antibodies are transferred from one person to another. An example is when a mother breast-feeds her infant, transferring her own natural resistance to certain antigens in her baby. Passive immunity only lasts up to a few months. After that, the baby's own immune system has hopefully strengthened to be able to fight antigens on its own. Another use for passive immunity is in rabies cases. Someone bitten by a rabid animal does not have enough time to allow for an active immunity response to a vaccine, so they are given antibodies from someone who has been vaccinated to fight the virus in the interim.

How do we heal?

We always expect our bodies to heal when we injure ourselves, but how does this happen?

Healing can be defined as the restoration of injured tissue back to usual function. There are two main ways in which tissue heals; regeneration and repair.

Healing involves the removal and replacement of damaged tissue, and most organs will use both methods to fix damage – although cardiac muscle cells and neurons are examples of cells that cannot use regeneration.

Regeneration is when cells replicate within the same tissue mass that was damaged. These then replace the cells that have been damaged or died. Most cells in the body can repair damage in this manner, but the surrounding collagen network must remain in good condition for this to be able to occur.

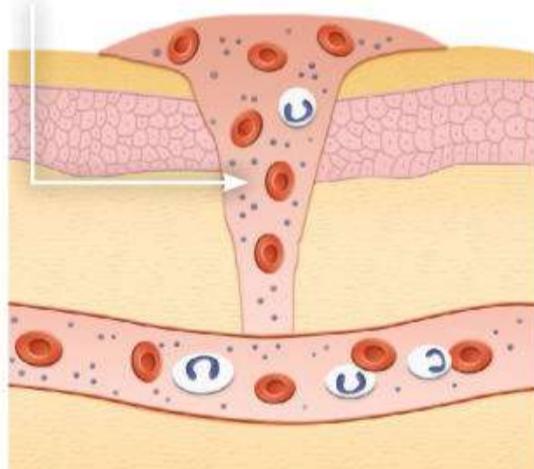
Repair takes place when the damaged tissue cannot replicate cells of the same type, and scar tissue is then formed. Repair is made up of three stages; the inflammatory phase,

the proliferative phase and the maturation phase. The inflammatory phase is when bacteria is killed off by macrophages and phagocytic cells and growth hormones released encourage cell growth in the area of damage. The following stage is when the wound starts closing up and filling with collagen, which will form the scar tissue. During the final maturation phase, healing tissue is replaced with stronger collagen and unnecessary tissue produced during the earlier phases is removed.



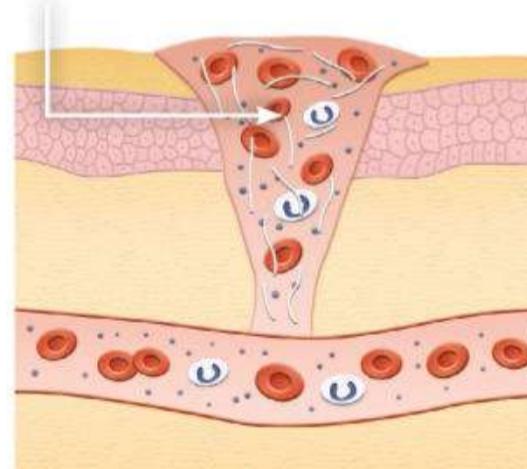
1. Skin injury

Blood vessels in the dermis become damaged when the skin is broken which results in bleeding at the site of the injury.



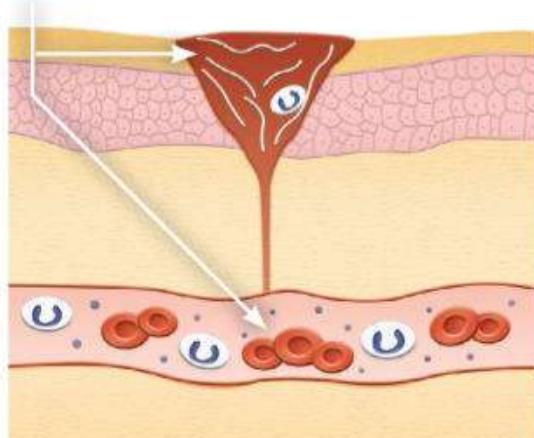
2. Clotting

The body's repair cells, which include fibroblasts, travel towards the injury site and the blood forms a clot.



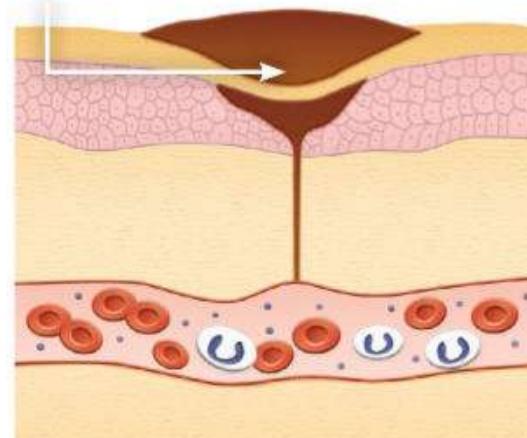
3. Plugging

A plug of fibrous tissue is formed within the clot by the fibroblasts. This allows new tissue to form beneath the protection of the plug.



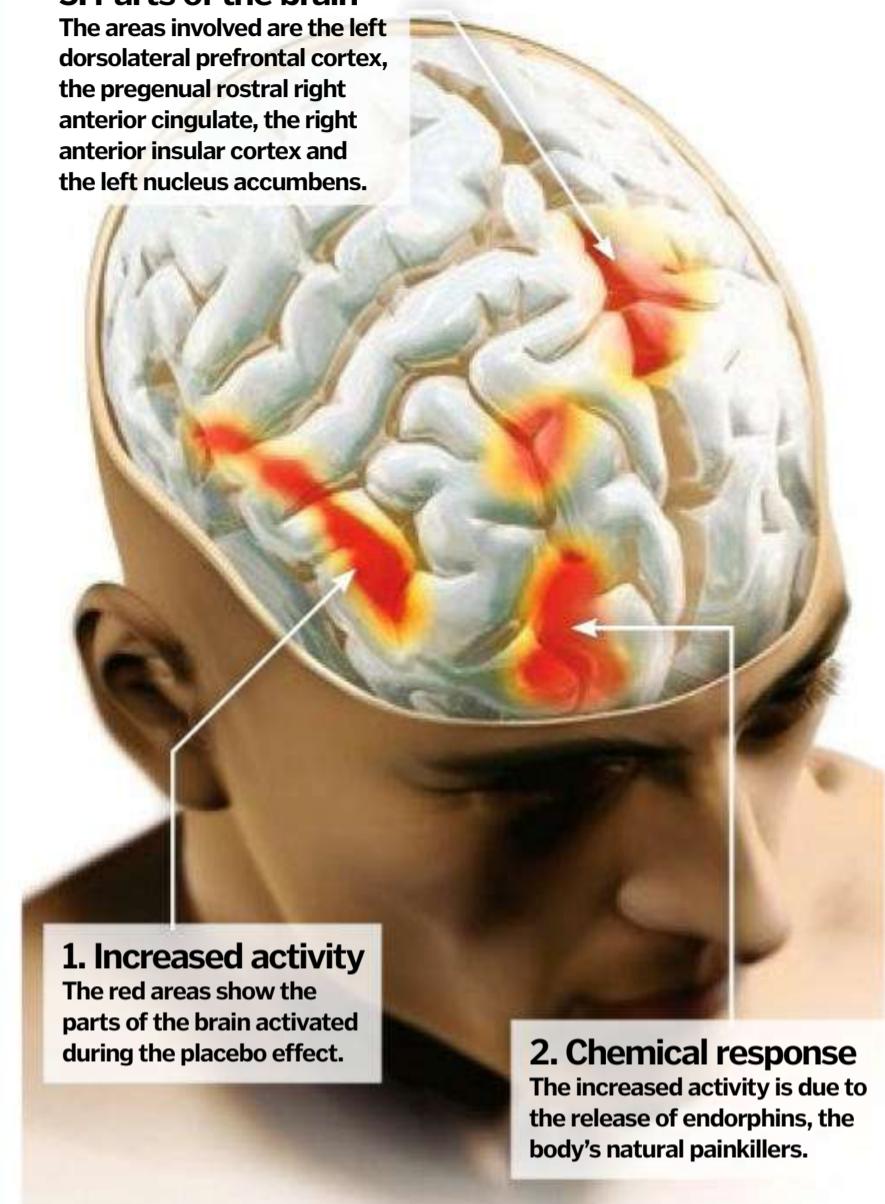
4. Scab

A scab is formed by the fibrous plug hardening. It will eventually fall off but may leave some scarring at the location of the wound.



3. Parts of the brain

The areas involved are the left dorsolateral prefrontal cortex, the pregenual rostral right anterior cingulate, the right anterior insular cortex and the left nucleus accumbens.



1. Increased activity

The red areas show the parts of the brain activated during the placebo effect.

2. Chemical response

The increased activity is due to the release of endorphins, the body's natural painkillers.

Placebos – do they work?

What are placebos, how do they actually work, and can they really cure disease?

The placebo effect occurs when a patient with a condition responds positively to a treatment that doesn't have any medical value. It is thought to alleviate conditions due to the patient believing they are being treated, and psychologically they start to feel better.

It is thought that the improvements often seen with placebos might be due to conditioned responses (for example, taking medicines makes you feel better, therefore you feel better because you're taking medicine). However, sceptics commonly state that the so-called placebo effect is actually only seen because patients want to please the doctors or testers, and that in truth placebos have no effect at all.

Ultimately, placebos will not cure physical conditions – they can only affect the individual's mental state, which may be seen to then aid physical and mental recovery. With some patients and some illnesses, a placebo is potentially a very powerful mental and psychological tool for use in a number of cases, but often is not a valid replacement for treatment.



The kidneys are the body's natural filters. You can survive on just one, but when that fails you may need a transplant

Kidney transplants



Transplanting organs is a complex process, although it can give a new lease of life to recipients. The kidney is the most frequently transplanted organ, both in the UK and around the world. However, there is a discrepancy between the number of patients waiting for a transplant and the number of available organs; only around one third of those waiting per year receive their

transplant. The number of patients registered for a kidney transplant increases each year, and has risen by 50 per cent since 2000.

Kidney transplants come from two main sources: the living and the recently deceased. If a healthy, compatible family member is willing to donate a kidney, they can survive with just one remaining kidney. In other cases, someone else's tragedy is another person's

fortune. For those who are declared brain-dead, the beating heart will keep the kidneys perfused until they are ready to be removed. In some patients, the ventilator will be switched off and it's a race against time to harvest organs. Either way, consent from the family is needed, even at such an emotional and pressurised time.

When a suitable organ becomes available, it is matched via a

national register to a suitable recipient. A 'retrieval' team from a central transplant unit (of which there are 20 based around the UK) will go to whichever hospital the donor is in. They will remove the organs, while the recipient is being prepared in the base hospital. During the tricky operation, the new kidney is 'plumbed' into the pelvis, leaving the old, non-functioning ones in-situ.

How to perform a kidney transplant

Transplanting a kidney is a case of careful and clever plumbing. The first step is to harvest the donor kidney, and then it's a dash to transplant the new kidney into the recipient. When the brain-dead donor is transferred to the operating theatre for organ harvest, they are treated with the same care and respect as if they were still alive. When consent has been given for multiple organ harvest, a cut is made from the top of the chest to the bottom of the pelvis. The heart and lungs are retrieved first, followed by the abdominal organs.

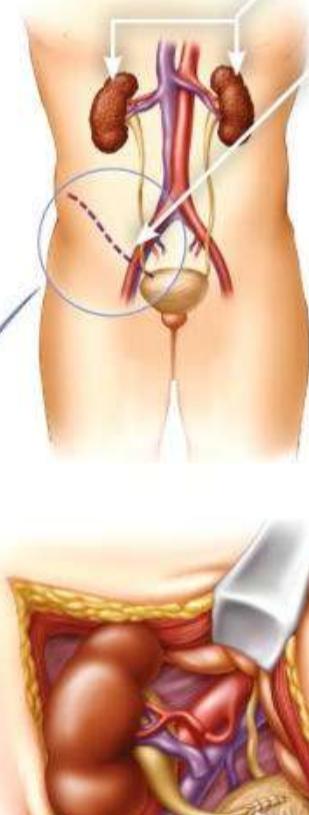
1. The donor

The donor kidney is harvested, including enough length of artery, vein and ureter (which carries urine to the bladder) to allow tension-free implantation into the recipient.



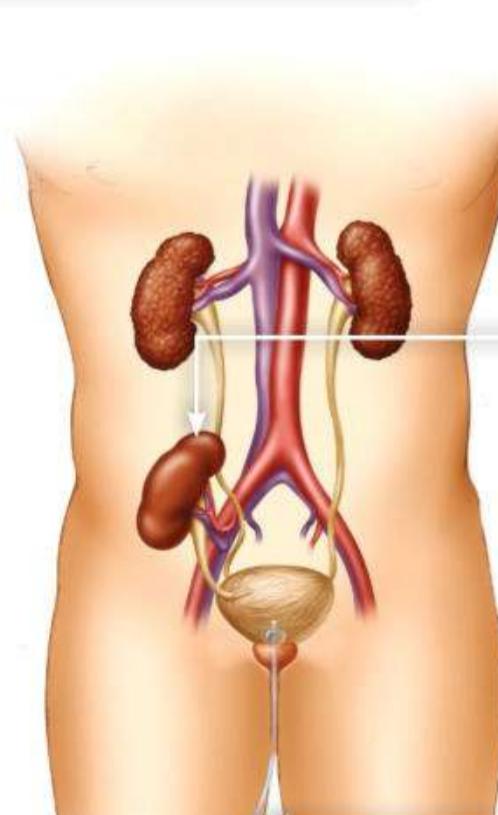
2. Out with the old?

As long as there's no question of cancer, the original kidneys are left in place.



3. Into the pelvis

An incision is made in the lower part of the abdomen to gain access into the pelvis.



7. What's that lump?

The new kidney can be felt underneath the scar in the recipient. These patients are often recruited to medical student exams – be prepared!

8. Catheter

A catheter is left in-situ for a short while, so that the urine output of the new kidney can be measured exactly.

5. Plumbing it in

The renal artery and vein are connected to the corresponding iliac artery and vein in the recipient's body. Holes (arteriotomies) are created in the main arteries, and the kidney's vessels are anastomosed (a surgical join between two tubes using sutures).

4. Make space!

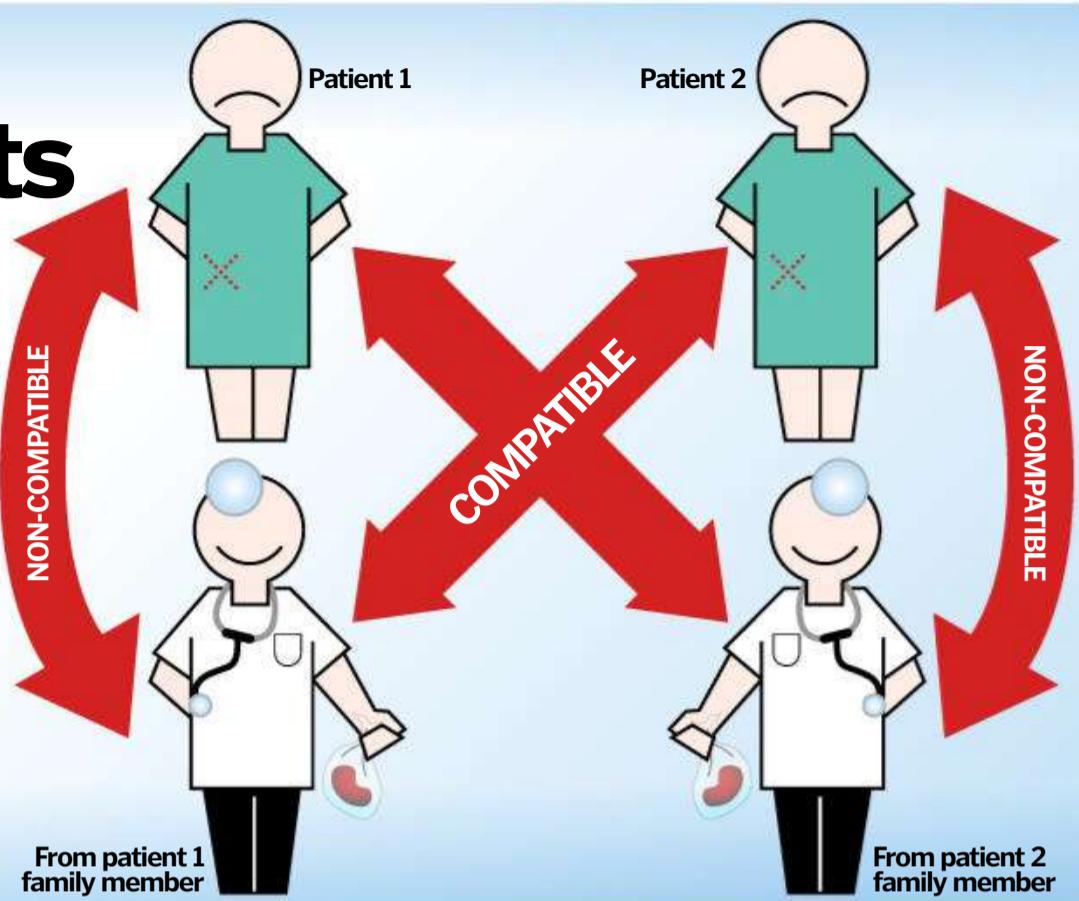
The surgeon will create space in the pelvis, and identify the large vessels which run from the heart to the leg (the iliac arteries and veins). The new kidney's vessels will be connected to these.

6. The final link

The ureter, which drains urine from the kidney, is connected to the bladder. This allows the kidney to function in the same way as one of the original kidneys.

Domino transplants

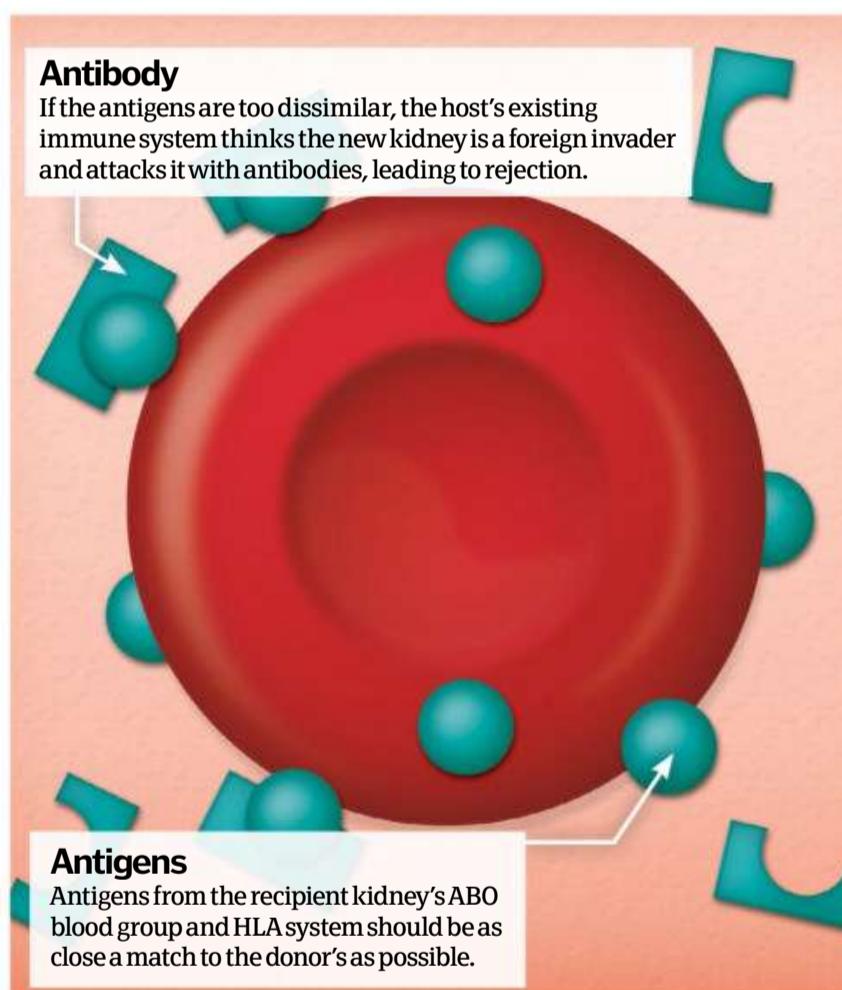
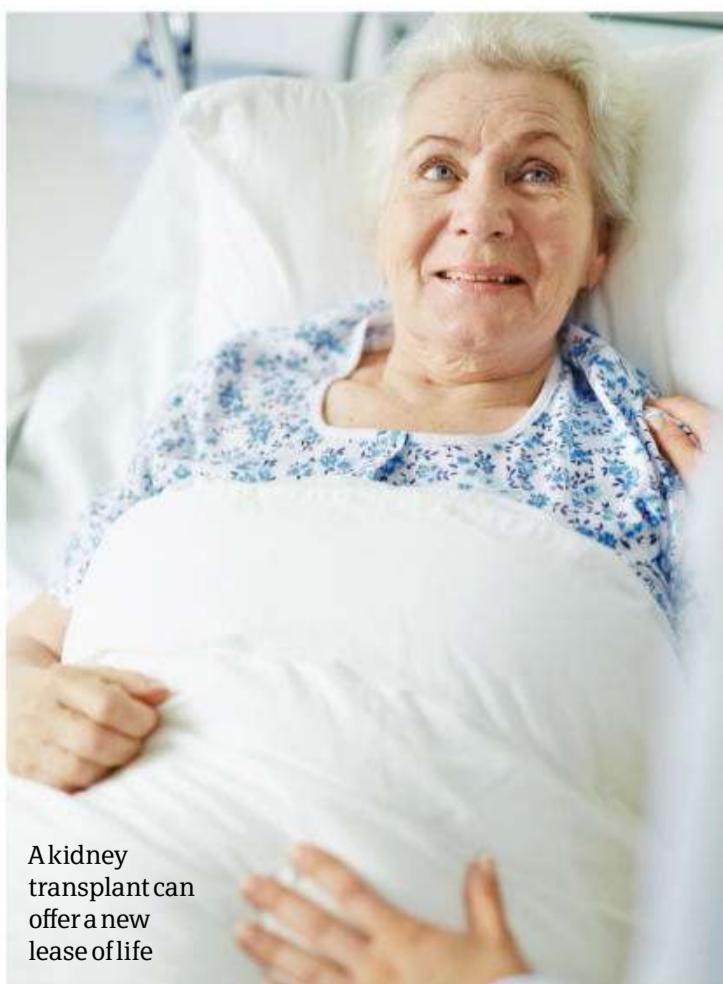
Patient 1 needs a new kidney but their family member isn't compatible. Patient 2 also needs a kidney and has an incompatible family member as well. However, patient 2's relation is compatible with patient 1 and vice versa. The surgeon arranges a swap – a 'paired' transplant. A longer line of patients and family members swapping compatible kidneys can be arranged – a 'daisy-chain' transplant. A 'good Samaritan' donor, who isn't related to any of the recipients, can start the process. This first recipient's family member will subsequently donate to someone else – a 'domino' transplant effect which can go on for several cycles.



Who is suitable?

Of the several million people in the UK with kidney disease, only around 50,000 will develop end-stage renal failure (ESRF). For these people, dialysis or kidney transplantation are the only options. Kidney damage from diabetes is the most common cause of transplantation. Other causes include damage from high blood pressure, chronic kidney scarring (chronic pyelonephritis) and polycystic kidney disease (the normal kidney tissue is replaced with multiple cysts); many other less common causes exist.

Patients must be selected carefully due to the scarcity of organs. Those with widespread cancer, severely calcified arteries, persistent substance abuse and unstable mental problems mean that transplants are likely to fail and so these patients are unsuitable to receive a precious kidney transplant.



When things go wrong...

Kidneys need to be carefully matched to suitable donors, or rejection of the new organ will set in fast. Rejection occurs when the host body's natural antibodies think the new tissue is a foreign invader and attacks; careful pre-operative matching helps limit the degree of this attack. The most important match is via the ABO blood group type – the blood group must match or rejection is fast and aggressive. Next, the body's HLA (human leukocyte antigen) system should be as close a match as possible, although it doesn't need to be perfect. Incorrect matches here can lead to rejection over longer periods of time. After the operation, patients are started on anti-rejection medicines which suppress the host's immune system (immunosuppressants such as Tacrolimus, Azathioprine or Prednisolone). Patients are monitored for the rest of their lives for signs of rejection. These immunosuppressants aren't without their risks – since they suppress the body's natural defences, the risks of infections and cancers are higher.



Pack carefully!

The transport of harvested organs is time critical – the sooner the surgeon can put them into the recipient the better. As soon as blood stops flowing to the harvested tissue, the lack of oxygen damages these cells, which is called ischaemia. The retrieval team have a few tricks up their sleeves to maximise the viability of the precious cargo they carry.

In the operating theatre, just before they remove the harvested kidney, it is flushed clean of blood with a special cold, nutrient-rich solution. Once removed, it is quickly put in a sterile container with ice. The most modern technique is to use a cold perfusion machine instead of ice, which pumps a cooled solution through the kidney and improves its lasting power. While hearts and lungs can only last around four hours, kidneys can last 24–48 hours. Transfer of the affected organ is done via the fastest method possible; this often involves using helicopters or police escorts.

All of these methods prolong the preservation time of the kidney, although once 'plugged' back in, it can take a few days for the kidney to start working properly (especially if harvested from a non-heart-beating donor).



Anaesthetic makes operations much more bearable for all

Anaesthetics

How doctors take the pain away

There are two main types of anaesthetic used to nullify pain in the body. First, there's local anaesthetic, which is used in conjunction with a sedative to limit sensation to a particular part of the body. It is usually injected, where it becomes ionised and blocks channels of sodium within the nerves transmitting information to and from the brain. These sodium channels – known as synapses – are like bridges across which signals can travel. Blocking these

prevents nerves transmitting sensations of pain to the brain.

General anaesthetics work in a similar manner, again reducing nerve transmission in synapses. Commonly inhaled, they operate on the central nervous system, temporarily reducing the transmission between synapses in the nerves. The entire body becomes insensitive to pain and the patient will lose consciousness, although vital bodily functions remain active.

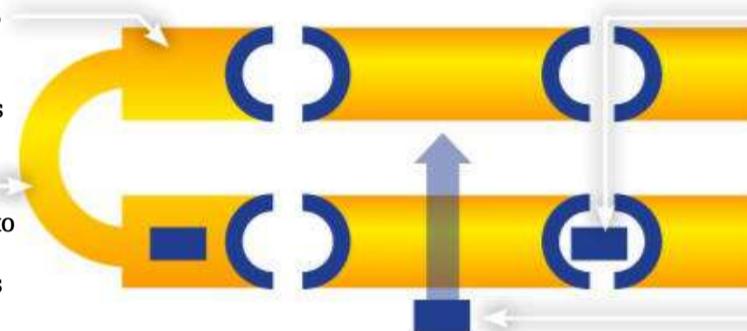
Numbing the pain

Sodium channels

These synapses allow the transmission of the impulse which interacts with the brain.

Nerve

The nerve is connected to the cell membrane, which transmits signals to and from the brain.



How anaesthetics stop nerves sending pain signals to the brain

Strokes

The loss of blood supply to the brain can cause long-term damage or death

Strokes are caused when the flow of blood to the brain is interrupted. There are two main reasons why this might occur, and ischaemic strokes are the most common. They occur when a blood clot forms in an artery (thrombosis) or a blood clot forms and then travels to a brain artery (arterial embolism) that reduces or blocks the blood flow (ischemia).

The second reason is bleeding (haemorrhaging) of a blood vessel in the brain. This can be caused when a thin part of a vessel (an aneurysm) bursts. Between one and six per cent of the population have an intracranial aneurysm and every year in the United Kingdom approximately 1,400

people die of ruptured intracranial aneurysms.

A stroke is defined when it either causes death or has a long-term effect after 24 hours. You can experience signs of a mini stroke that are called transient ischaemic attacks (TIAs) that last only a few minutes or hours. The onset of a full stroke is characterised by numbness in the face and limbs. Vision can be impaired and you can have trouble walking or talking.

The effects of a stroke depend on which part of the brain was most starved of oxygen from the blood supply. In many cases, stroke victims will find it difficult to walk or eat due to muscle weakness and in extreme cases, they might experience paralysis.

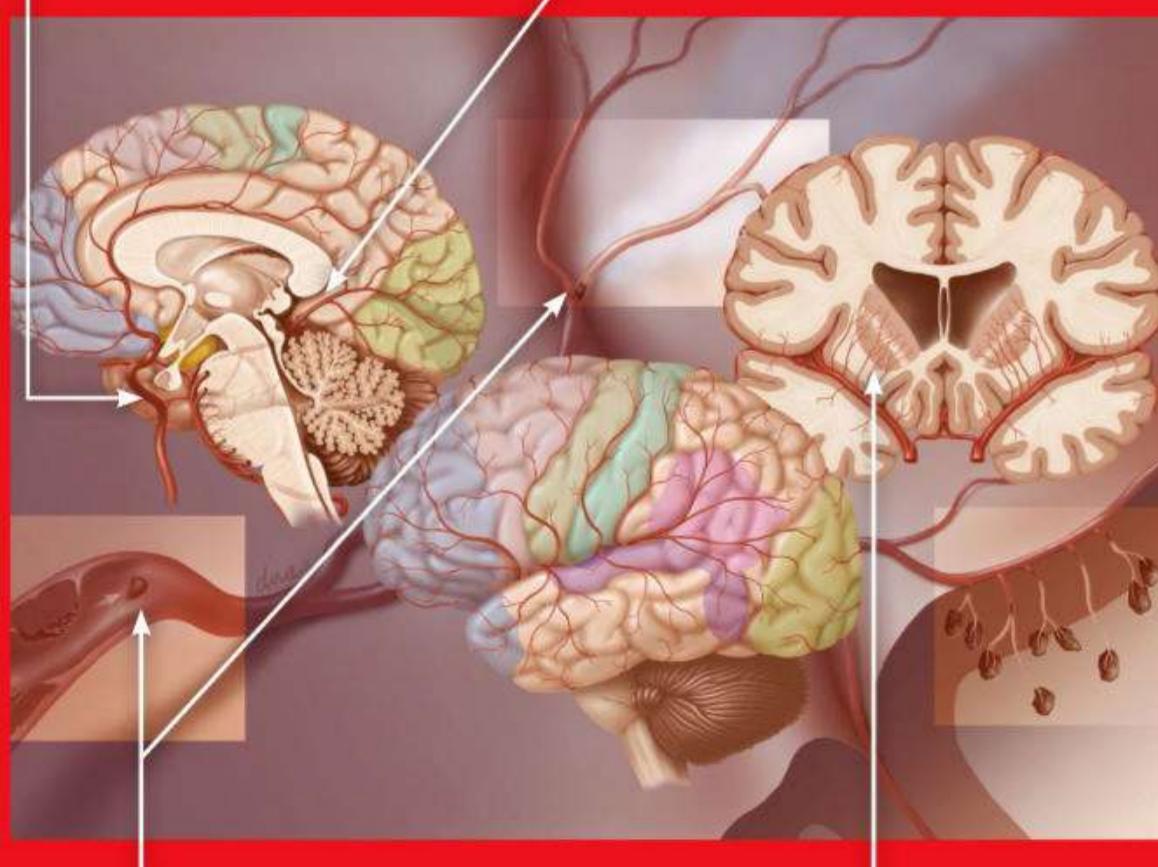
Areas of impact

Carotid arteries

Carotid blood vessels, served by the internal and external carotid arteries, supply blood to the front part of the cerebrum.

Vertebral arteries

Vertebral arteries supply blood to the rest of the brain and enter the skull through the foramen magnum.



Clot

Ischaemic strokes are caused by blood clots, which can either form directly in an artery, or form and then travel to a brain artery that it then blocks, reducing blood flow.

Aneurysm

When part of a thin blood vessel bursts, haemorrhaging can occur.

Rheumatoid arthritis explained

How does this condition cause intense inflammation of joints and the eventual destruction of cartilage tissue?

Rheumatoid arthritis is a chronic and progressive disease. Through inflammation throughout the connective tissues of the body, it causes irreversible damage to joints. The disease develops when a person's body generates an autoimmune response – a mistaken immune system reaction against the body's own tissues – that attacks its joint components instead of invading organisms.

As of now, scientists are unsure of what instigates the autoimmune response, but it is thought that it involves a body's genetic susceptibility to certain viruses. Regardless, once activated by such a cause, a series of immune system reactions proceed to

cause unwanted/abnormal levels of inflammation and tissue/bone destruction. Inflammation is caused by a heavily abnormal interaction between B-cells and T-cells (see 'Development of the condition' boxout), a process that causes a variety of proteins, antibodies and other cells to be released which break down joint cartilage among other damaging activities.



Extreme swelling and inflammation caused by rheumatoid arthritis

Development of the condition

The cellular mechanisms, proteins and antibodies involved in the development of rheumatoid arthritis

B-cells

B-cells are lymphocytes (white blood cells) that make antibodies to combat antigens. These cells internalise antigens before presenting them to T-cells.

Osteoclasts

Osteoclasts are terminally differentiated cells of the macrophage lineage that re-absorb bone matrix. In rheumatoid arthritis, they aid joint destruction.

T-cells

Similar to B-cells, T-cells differ in the fact that they have special receptors on their surface. They assist the maturation of B-cells into plasma cells.



Plasma cells

Plasma cells develop when B-cells are activated under stimulation by T-cells. They are a larger and more specialised antibody-producing cell.

Macrophages

The role of the macrophage is to engulf and digest cellular debris and pathogens, stimulate B-cells and release enzymes and proteins.

Synovial membrane

The synovial membrane is the soft tissue that lines the non-cartilaginous surfaces within joints. With rheumatoid arthritis, the synovium becomes irritated and enlarged.

Why is there no cure for the common cold?

A general term for over 200 different viruses, why is the common cold so 'incurable'?

The common cold is a viral infection that attacks the upper respiratory tract, including the nasal cavity, the pharynx (back of the mouth) and the larynx (voice box). Every child can get up to 12 colds a year, and in adulthood we continue to get them on a regular basis.

The symptoms of a cold are sneezing, a runny nose, a sore throat and nasal congestion. Young children can also run a high temperature. In the first three days, the cold is highly contagious and is spread to anyone who inhales or touches anything contaminated by the virus. A cold lasts about a week, although a cough can persist for several days afterwards.

Rhinoviruses, coronaviruses, coxsackieviruses and adenoviruses are just some of the many different types of cold viruses. These viruses stick to the cells of the adenoids at the back of your throat. They quickly reproduce

and rupture from the cells to spread to cells in the rest of the upper respiratory tract.

While we can treat the symptoms of a cold, we cannot find a single cure as there are so many types of virus and they mutate rapidly. Therefore, in the time it takes to develop a vaccine, it is no longer useful.



A heavy cold (sometimes referred to as 'man flu') can be debilitating

What is a virus?

Unlike bacteria, which have a cellular structure, viruses are much smaller and must replicate within other cells – for example, within the cells that line the inside of the nose.



Core

RNA genetic material.

Capsid

This protein coat encloses the virus's genetic information within the host cell.

Receptors

These protruding proteins enable the virus to attach to the surface of the host cell.

© Doug Jordan 2010



How a marathon affects your body

Long-distance running puts tremendous strain on the body. Read on for tips on how to train and run safely



Preparing for your first marathon

It is possible to get race-ready in just 16 weeks, even if you've never run a marathon before. For the marathon newcomer, your fitness must be at a reasonable level before you even start training, and ideally you should have about six months' worth of running experience under your belt, in which you run around 15 miles a week. You should be able to run five miles comfortably in one go.

A good training plan should consist of three to four runs a week, gradually increasing your weekly mileage from 15 miles up to 35 miles a week. You do this by including three short runs in the week, followed up with a longer run at the weekend. By incorporating hill runs and sprints into your training, you will be able to increase your stamina as well as improve your recovery time.

Post-marathon advice

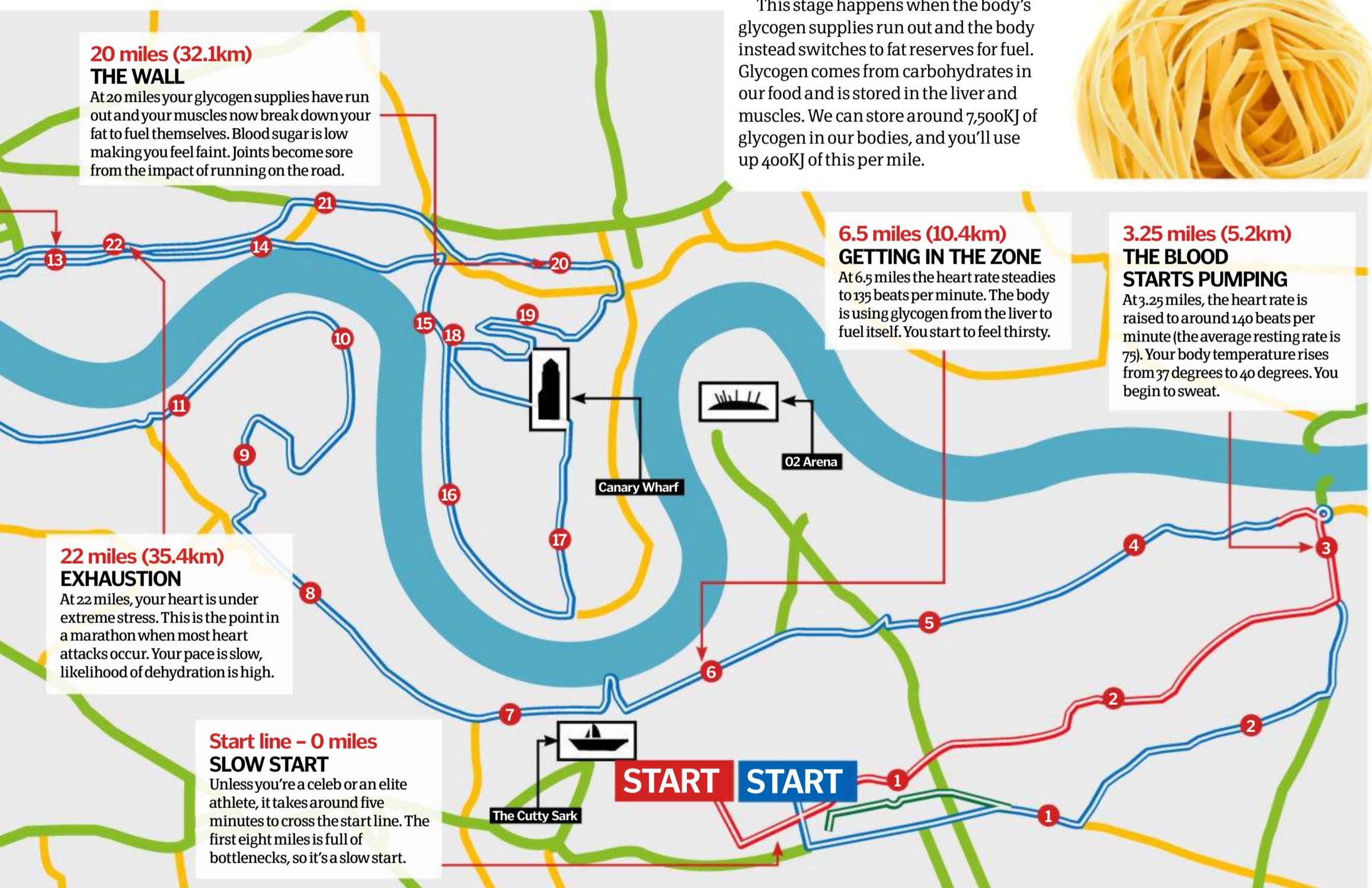
The body is going to feel pretty used and abused post-marathon. Fight the urge to sit or lie down immediately afterwards – keep walking to avoid cramping. Refuel and rehydrate yourself, and change into dry clothes before the cold sets in. In the evening it's wise to replace those carbs you've used during the race, then take an easy walk the next day. Avoid any temptation to run. It's recommended to take one day off per mile you've run, to aid your recovery.



Hitting 'the wall'

'The wall' is a metaphorical term to describe the marathon runner's worst nightmare. It hits at around the 20-mile marker, making the hardcore runner feel temporarily 'pooped', while plaguing the inexperienced runner with agonising body cramps and dehydration.

To help prevent hitting 'the wall' runners should carbo-load before a race, which means eating pasta the day before. It's often recommended to fuel up during the race by consuming carb gels or beans while you run.





THE FUTURE OF MEDICINE

How are we going to beat the world's deadliest diseases?

Medical science has produced some incredible solutions to challenging problems over the decades, from antibiotics to fight bacterial infection, to imaging technologies to look inside patients without using a knife. It's hard to predict what will happen next, but science has recently opened some really exciting doors to the future of medical treatment.

Medicine is no longer just about biology and drugs. Computing, engineering, nanotechnology, quantum physics, and many more disciplines are leaking over into medical

tech and providing brand new solutions to age-old problems.

In the hospitals of the future, augmented reality could allow surgeons to see through their patients, and contact lenses could monitor blood sugar for diabetics. Prosthetic limbs linked directly to the nervous system could allow amputees to move and feel just by thinking, and 3D printers could be utilised to create custom medical kit, or even fully working replacement organs, on demand.

We are learning how to retrain our own immune systems to fend off deadly diseases, and

we are developing technology that could allow our own genetics to be tweaked and changed on the go. The scientific community has access to a massive and rapidly expanding pool of data from patients the world over, and as we dig deeper into the biochemistry of illness, new ways to precisely treat disease are set to appear.

One day, wearable tech and at-home test kits could monitor for the first signs of sickness, and custom treatments might be delivered based on our own unique genetic and biochemical fingerprints, minimising side effects and maximising our chances of recovery.

How germs spread



Body fluids

Blood, saliva, semen and breast milk can all carry disease

Liquids provide an excellent way for pathogens to travel from one place to another. Precautions are always taken when dealing with body fluids in hospitals and labs, because contaminated body fluids can transmit diseases like mumps, hepatitis and HIV.



Skin to skin contact

Some infections are quickly spread by direct contact

Chickenpox, cold sores, head lice and warts can all be transmitted by touching someone with the infection; the viruses, bacteria, or parasites simply move from one person to another. Some of these examples can also survive on inanimate surfaces for a short time.



Food and drink

Contaminated food and drink carry pathogens into the gut

The acidity of the stomach provides some protection against infection, but it can't stop everything. Pathogens enter through the mouth, and either set up home in the digestive tract, or move into the body through its walls.



Droplets

Pathogens can be transmitted short distances by drops of liquid in the air

Tiny drops of fluid released by a cough or a sneeze travel around a metre before they settle onto door handles, surfaces and skin. It's an easy way for respiratory infections to spread. Examples include colds, flu and rubella.

Preventing history's biggest killers

Vaccinations teach the immune system how to fight, before it encounters the disease

Our natural defence against disease is our immune system. It's an army of cells that work together to patrol the body and destroy anything that shouldn't be there. It's split into two parts, a fast-response 'innate' system, that wages war at the first sign of trouble, and a slow, specialised 'adaptive' system that delivers a stronger and more focused attack.

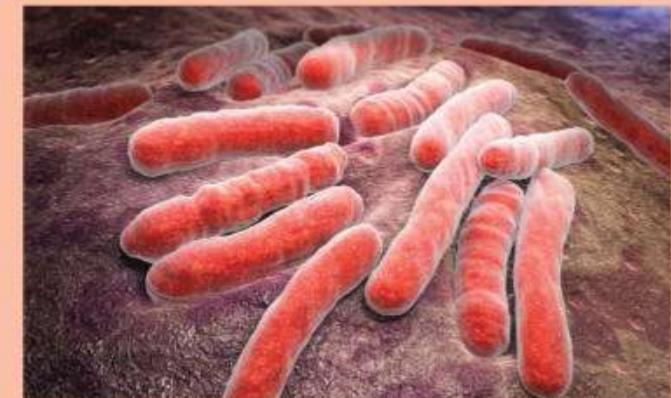
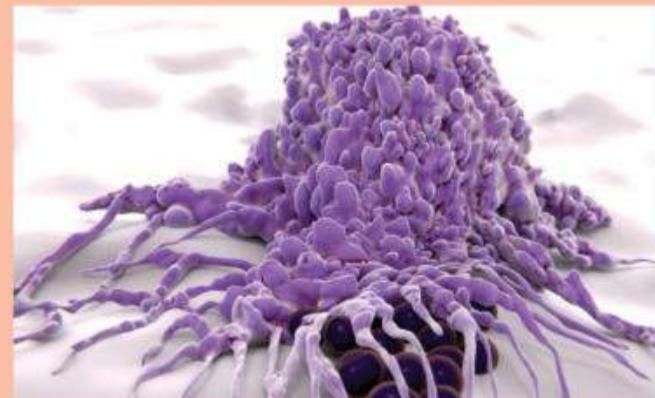
The first time the immune system meets a new infection, it takes up to a week for the specialised immune cells to appear. In this time, the pathogen can multiply, and people can become very sick. Vaccinations bypass this step by giving the immune system a chance to train beforehand.

The first vaccine was developed by Edward Jenner in 1796. He noticed that milkmaids didn't catch smallpox; they were exposed to a similar disease, cowpox, and their immune systems were better trained. Jenner tried infecting children with cowpox, and found that they too gained protection.

Vaccinations have been developed against dozens of infectious diseases, and they are now being made to teach the immune system to fight other illnesses too.



Training the immune system



Vaccinations are like a training program for your immune system, giving it a sneak peek at enemies that it might encounter in the future so that it can prepare in advance. They can be made in different ways, but usually contain inactive bacteria or viruses, or examples of molecules that the pathogens make.

When the vaccination has been injected, your immune system comes to have a look. It will examine the parts of the pathogen and work out the best way to attack, as though it were fighting the real thing. After the vaccine has been cleared up, some of the cells that fought it remain in the body on patrol as 'memory cells'.

When you encounter the real pathogen, your immune system will be ready to respond. Instead of spending time working out what to do, the memory cells left over from the vaccine instantly clone themselves, producing an army of cells that can clear the infection before you get sick.



37 million

In 2015, nearly 37 million people were living with HIV

Over half of people with HIV can't access treatment

1.1 million

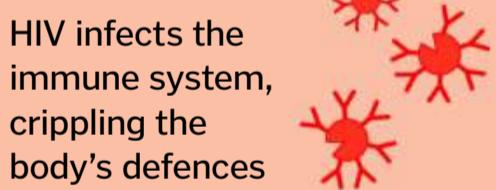
people die as a result of AIDS each year



HIV is transmitted through body fluids, including blood, semen and breast milk



8 out of 10 pregnant women with HIV receive treatment to minimise the risk to their child



40%

of people with HIV don't know they're infected



Antiretroviral therapy stops the virus replicating

Condoms, HIV testing, and circumcision help to reduce transmission

HIV puts people at risk of catching other diseases like tuberculosis

The end of HIV

How do you hunt down a virus that's hiding in your own immune system?

Human immunodeficiency virus, more commonly known as HIV, hijacks the immune system. The virus gets inside, inserts its genetic code into the genome of a cell, and transforms it into a factory to make more of the virus. While this is happening, the cell is unable to function normally, and gradually as more and more cells are taken over, the immune system is left seriously weakened. The result is known as acquired immune deficiency syndrome (AIDS).

HIV is now treatable with a combination therapy that stops the virus from replicating. The amount of virus often dips so low in the blood that the disease can't be passed on. Transmission from mother to child is also being eliminated with new drugs. However, not everyone has access to treatment.

The gold standard for the future of HIV medicine would be a vaccine that can teach the immune system to neutralise the virus with a coating of antibodies. In theory, this could be used not only to prevent infection, but also to stop the disease coming back in people who have some virus still hiding in their systems.

This is a huge challenge; the virus shape-shifts to avoid detection, and the immune system doesn't usually respond. But new vaccines are being trialled all the time, and as our understanding of HIV and the immune system improves, we are inching closer to making it a reality.

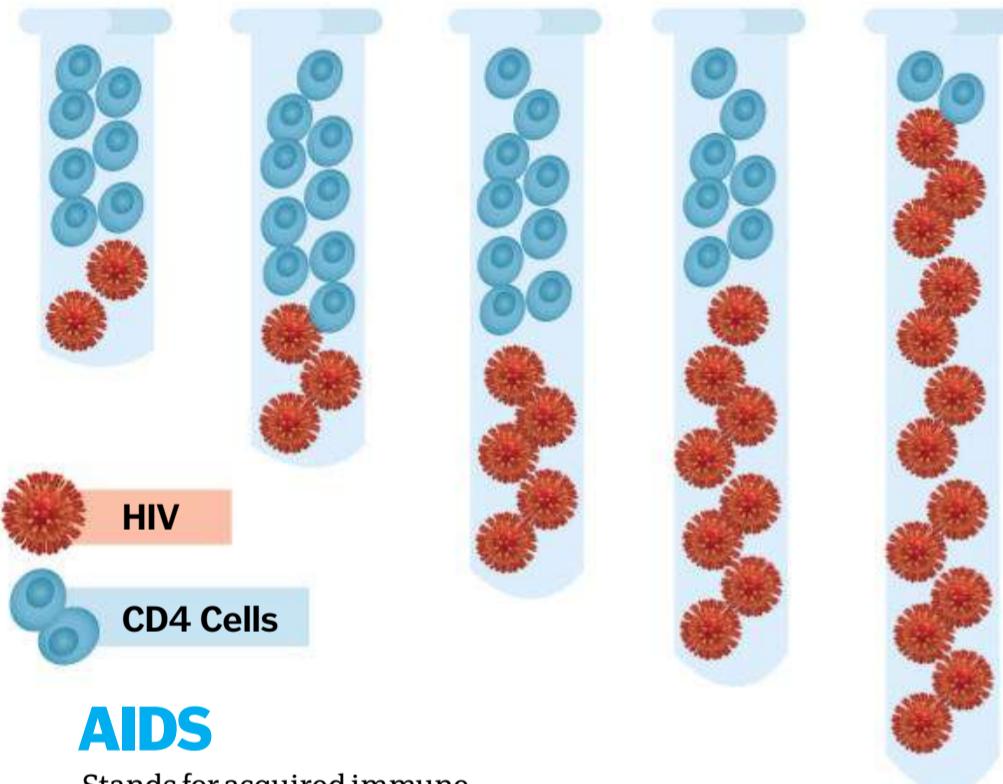
How hard is it to cure?

HIV stashes its genome into the genome of immune cells, so that the two are permanently linked together. Antiretroviral treatment can stop the virus from making copies of itself, but they can't get rid of it completely unless the immune cells themselves are killed.

This has been done once, in 2007. The Berlin Patient had cancer and needed a bone marrow transplant. His own immune

system, carrying the HIV virus, was destroyed, and replaced with donor cells. They had a genetic mutation that made it harder for HIV to infect them, and the patient was cured.

Bone marrow transplants are risky, however, and there aren't enough donors available, so it's not a practical solution to rid the world of HIV altogether.



AIDS

- Stands for acquired immune deficiency syndrome
- Is the disease caused by HIV
- Takes advantage of the damaged immune system that is unable to fight it
- People die due to infection or resulting cancer

HIV

- Stands for human immunodeficiency virus
- Is the virus that causes AIDS
- It infects the immune system
- Infection compromises the cells of the immune system



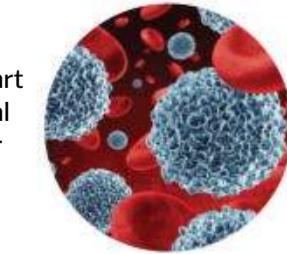
Future

A vaccine is developed to train the immune system to attack HIV.

Timeline

1981

Men in California start to fall ill with unusual infections after their immune systems become weakened.



1983

Scientists discover that human immunodeficiency virus (HIV) is the cause of acquired immune deficiency syndrome (AIDS).

1987

The first drug treatment for HIV, azidothymidine, is approved.

1985

Commercial blood tests for HIV are invented, allowing screening to begin.

1996

Triple-drug therapy is introduced, turning HIV infection into a long-term disease.

2007

A single patient in Berlin is cured by a pioneering bone marrow transplant.

Future

A drug is developed to reveal HIV lurking in dormant cells.

Can cancer be cured?

Huge progress has been made over the past century, but what happens next?

Cancer is an ancient disease; tumours have been found in Egyptian mummies, and even in the fossils of dinosaurs. It happens when genes involved in growth and repair go wrong. Affected cells make copy upon copy of themselves, and these new cells start to break away, travelling around the body and making yet more copies elsewhere.

If cancer is caught early, it can already be cured. If the tumour is removed, the cancer is gone. However, once the cancer has spread it is harder to treat, and the more it spreads, the less likely people are to survive.

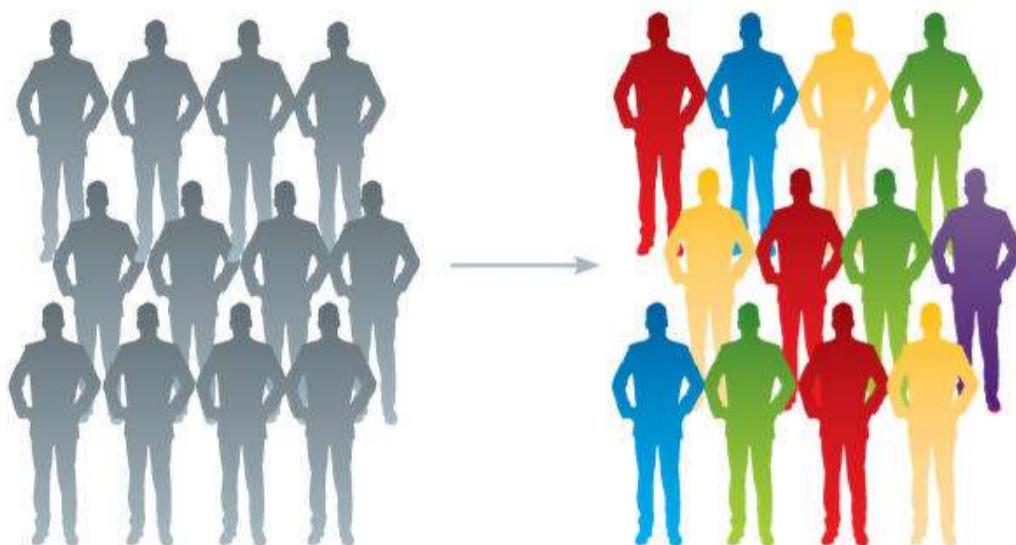
Stopping cancer before it really starts would be the best option. Vaccinations might be used to train the

immune system to recognise cancer cells, or a routine blood or breath test could be developed to pick up the earliest signs of the disease. However, the likelihood of cancer increases with age, and with people living longer the incidence is rising.

For those who do develop the disease, several futuristic treatment options are already being developed. Future humans could end up having their immune systems retrained and augmented, or they might receive genetically engineered viruses designed specifically to infect and kill the tumour. We might even be able to switch genes on and off inside tumour cells to halt their growth.

The future of cancer medicine

Matching people to the right treatment could be the answer to controlling cancer



Group of patients

Several people might have brain cancer, but not all brain cancers are the same.

Genetic testing

The patients are tested to find out the exact genetic and chemical makeup of their tumour.

Treatment matching

Patients are matched with treatments that specifically target the weaknesses of their own cancer.

Where is the cancer cure?

Cancer gets a lot of research money, and thousands upon thousands of scientists are working to try to find the cure, so where is it? If you can cut the tumour out before it has a chance to spread, you can cure it, but if any cells have escaped they need to be found. Radiotherapy and chemotherapy can help to mop up stragglers, but they don't always work, and

some cancer cells develop ways to avoid them. The big challenge is that everyone is different, and so too are everyone's cancers. And tumours don't just differ between people, they also change over time. The challenge is to find out how they change, and how these different weaknesses can be targeted with treatments.

1880s
The first mastectomy is performed, finally providing treatment for breast cancer.



1950s
Smoking is finally shown to cause lung cancer, encouraging millions to give up.

Future
Personalised medicine becomes reality, with patients matched to treatments based on their genes.

Timeline

1846
The invention of general anaesthetic paves the way for surgery to finally remove tumours.



1903
Radium is used to treat skin cancer, in what is the first example of radiotherapy.

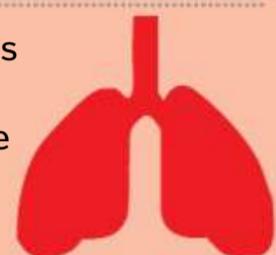
1949
The first chemotherapy drug is approved. It is nitrogen mustard, a WWII weapon.

1990s
Cancer mortality starts to drop in developed countries as diagnoses and treatment improve.

Future
A simple blood test is developed to pick up the very earliest signs of cancer.

14 million
people are diagnosed with cancer each year

8 million
people die of cancer each year



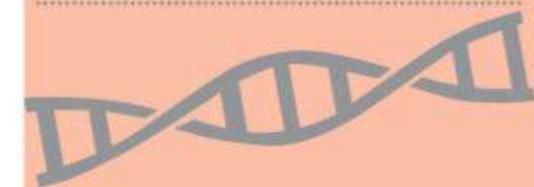
Lung cancer is the most common type of cancer in men



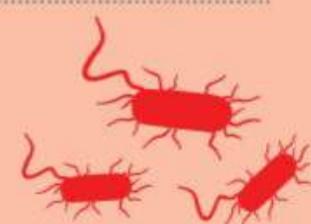
Breast cancer is the most common type of cancer in women



The older you are, the more likely you are to get cancer



Cancer is not contagious, but it can be genetic



Viral infections can cause some cancers



The earlier cancer is detected, the easier it is to treat



Lifestyle changes could prevent a third of cancers

**10-18**

days it takes for malaria parasites to reproduce inside a mosquito



Malaria was first written about in ancient China in 2700 BCE

3.2

billion people live in regions where they could catch malaria

400,000

people die of malaria each year

70%

of malaria deaths are children under the age of 5

Malaria is caused by parasites that infect humans and mosquitoes

Spraying houses with insecticide is the best way to stop transmission

Last year **95** countries reported cases of malaria**214 Million** cases of malaria in 2015

Eliminating malaria

This deadly disease is carried by mosquitoes, but work is being done around the world to wipe it out

Just one mosquito bite is enough to kill you in some parts of the world. Inside the midgut of Anopheles mosquitoes, gametocytes from the plasmodium parasite mature and combine. These are the equivalent of human sperm and eggs, and the result is hundreds of newly formed parasites ready to infect their next victim.

The parasites migrate up to the mosquito's salivary glands, and when it feeds again they enter the human bloodstream. They infect cells in the liver and begin to divide, before spreading back into the blood. As they continue to grow, the cells split open, releasing even more parasites and causing havoc for the body.

Malaria parasites can't reproduce without both mosquitoes and humans, giving us a tantalising opportunity to eliminate them. One idea is to genetically modify colonies of mosquitoes and release them to breed with their wild counterparts; this could be used to introduce damaging genetic traits into the population, either killing the parasites, or killing the mosquitoes themselves. Another option is to develop fungi that can infect and kill the insects.

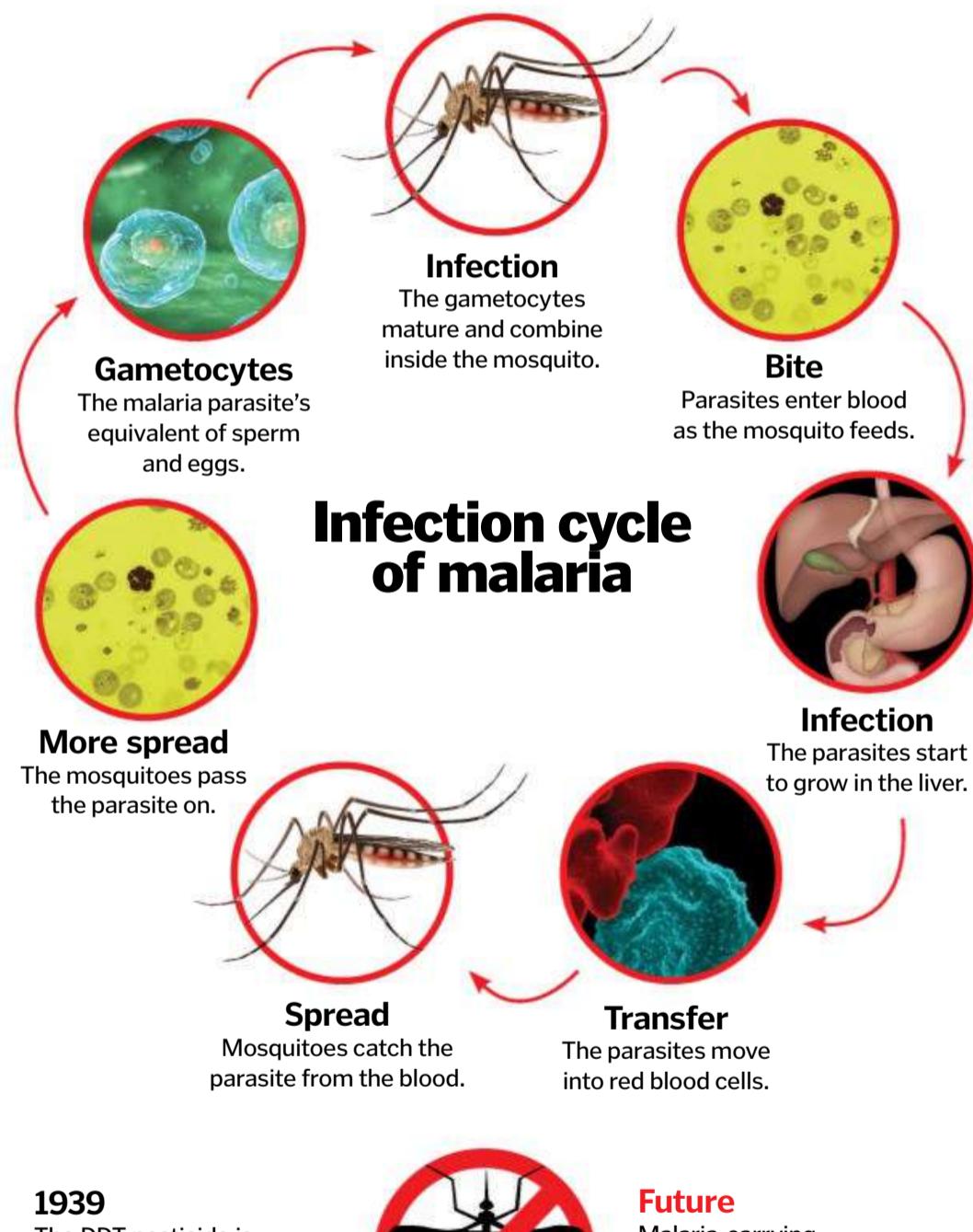
Other options for elimination include designing new insecticides to keep insect numbers down, and developing a vaccine to halt transmission.

Global elimination is tough

The World Health Organisation first initiated an attempt to rid the world of malaria in 1955. The idea was to use a combined attack, spraying houses to get rid of the mosquitoes, and using antimalarials to kill the parasites. They had some successes in areas where the climate was moderate and mosquitoes thrive only during certain seasons, but in other places the program didn't work as well.

Mosquitoes started to become resistant to pesticides, and the parasites resistant to treatments. This, combined with wars, political unrest, and patchy access to resources, meant that coordinating a global attack against malaria became impossible.

In 2015, the WHO reissued their challenge. But today we are facing even stronger versions of the parasite and vector, and new weapons are needed to eliminate them.



Infection cycle of malaria

1880

The parasite that causes malaria is discovered in blood samples taken from patients.

Timeline

1939

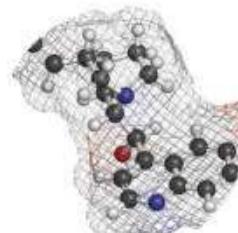
The DDT pesticide is invented, allowing people to control numbers of malaria-carrying mosquitoes.

Future

Malaria-carrying mosquitoes are wiped out by genetically modified insect mates.

1600s

Peruvian tree bark is used to treat malaria, eventually leading to the modern drug quinine.

**1897**

It's discovered that mosquitoes are able to transmit malaria from one person to another.

1951

Malaria is wiped out in the US after a government eradication program sprays millions of homes.

2015

The World Health Organisation endorses a new strategy to eliminate malaria for good.

Future

The world is declared malaria free thanks to the eradication campaign.

Halting heart attacks and strokes

Diseases of the heart and blood vessels are the world's biggest killers

When the body's arteries and veins become clogged with fat, rough plaques form and narrow the tubes. As the blood tries to force its way through the narrow space it swirls and twists, and more damage is done. The fatal blow comes when parts of the blockage break away. Clotting molecules in the blood interpret the roughness as a cut that needs to be sealed. They start to build a clot, and as the circulating blob gets larger, it eventually becomes lodged in the tubes, cutting off the blood supply.

The damage can't always be repaired, but the latest research could change that for the future. Stem cells are cells that haven't yet decided which part of the body to become. With some coaxing in the lab, they can be converted into new blood cells, new skin cells, or even new heart muscle. Harvard scientists have already made a life-size beating heart by convincing stem cells to become heart muscle and growing them on a scaffold. In the future, custom organ replacements could be made artificially on demand.

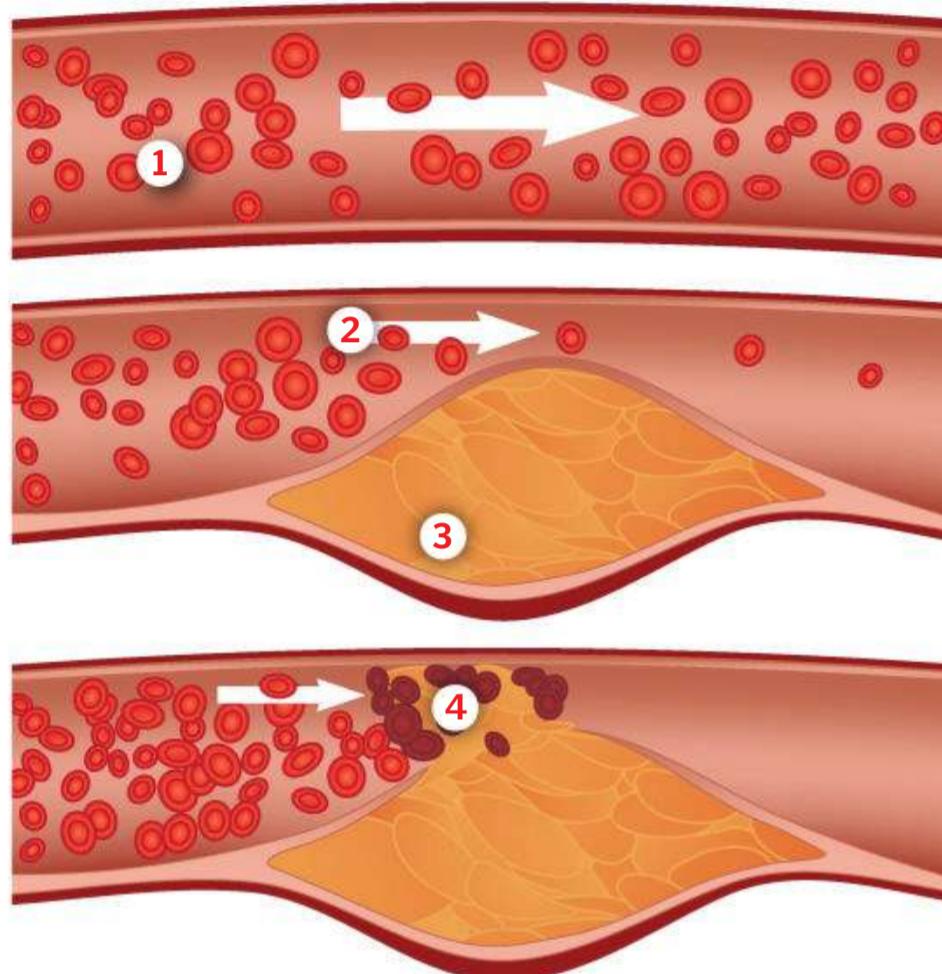
If this doesn't work, another option is gene therapy, which is already being trialled for heart failure. Genes are delivered to the cells, telling them to make different molecules, and potentially allowing the body to be reprogrammed from the inside out.

1930

The defibrillator is invented, allowing stopped hearts to be restarted with electricity.

How heart disease starts

The slow accumulation of fat can lead to a deadly blood clot



1 Normal vessel

Healthy blood vessels have smooth internal walls, allowing the blood to slip easily around the body.

2 Disruption

When a blockage appears in the vessel, the blood quickly becomes backed up.

3 Plaque

Fatty deposits in the wall of the blood vessel cause it to bulge, narrowing the tube.

4 Clotting

A clot starts to form on the roughened surface, and the blood vessel becomes clogged.

Why haven't we cured it?

Cardiovascular disease is difficult to treat once a catastrophic event has happened; strokes and heart attacks deprive vital organs of oxygen, and the affected tissue quickly dies. If you have a heart attack outside of a hospital, you have just a one in ten chance of surviving, and quarter of

people who suffer a stroke will die within a year.

In order to meaningfully improve treatment of cardiovascular disease, we need to be able to repair or replace damaged tissues, or we need to prevent it happening in the first place. Neither one is easy to do.

Timeline

1899	Pharmaceutical company Bayer begin manufacturing a new drug called aspirin in Germany.		1958	The first implantable pacemaker is installed, allowing the heart to be controlled.		1960	The first heart bypass surgery was performed to divert blood around damaged vessels.		1967	The first human heart transplant is performed, allowing damaged organs to be replaced.		1987	The first cholesterol-lowering statin drug hits the market, helping to prevent heart attacks.		Future	Custom-grown replacement hearts are produced from people's own stem cells.		Future	Gene therapy is used to reverse the damage done by heart attacks.	
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Cardiovascular disease killed

17.2

million people in 2012



Heart attack symptoms include chest, arm and jaw pain, sweating and vomiting



Someone has a stroke every 2 seconds



There are over 2.5 million heart attack and stroke survivors in the UK

Men are more likely to die of heart disease than women



A third of adults in the UK have high cholesterol

The most important risk factors are smoking, diet, exercise and alcohol intake



Stroke symptoms include sudden weakness on one side of the body, confusion and slurred speech



Heart disease and stroke are the first and second most common causes of death



Why do we get headaches?

If the brain can't feel pain, why do headaches hurt so much?

The brain itself may not have any pain-sensitive nerve receptors, but that doesn't mean the inner head can't experience pain... as anyone who's had a headache will know.

The most common form of headache is the tension headache. When the muscles in your body stay semi-contracted for a period of time – for example, when we are feeling stressed and don't seem to be able to relax – this is known as muscle tension. Such tension in the meninges (the membranes that help

protect the brain), or the face, neck and scalp muscles activate the body's pain receptors, sending impulses to the brain's sensory cortex and signalling pain and causing a headache.

More frequent in women than men, the primary tension-type headache manifests itself as a dull ache across both sides of the head. Secondary headaches, meanwhile, can be caused by an underlying health condition such as meningitis, a blow to the head or other sinus-related ailments.



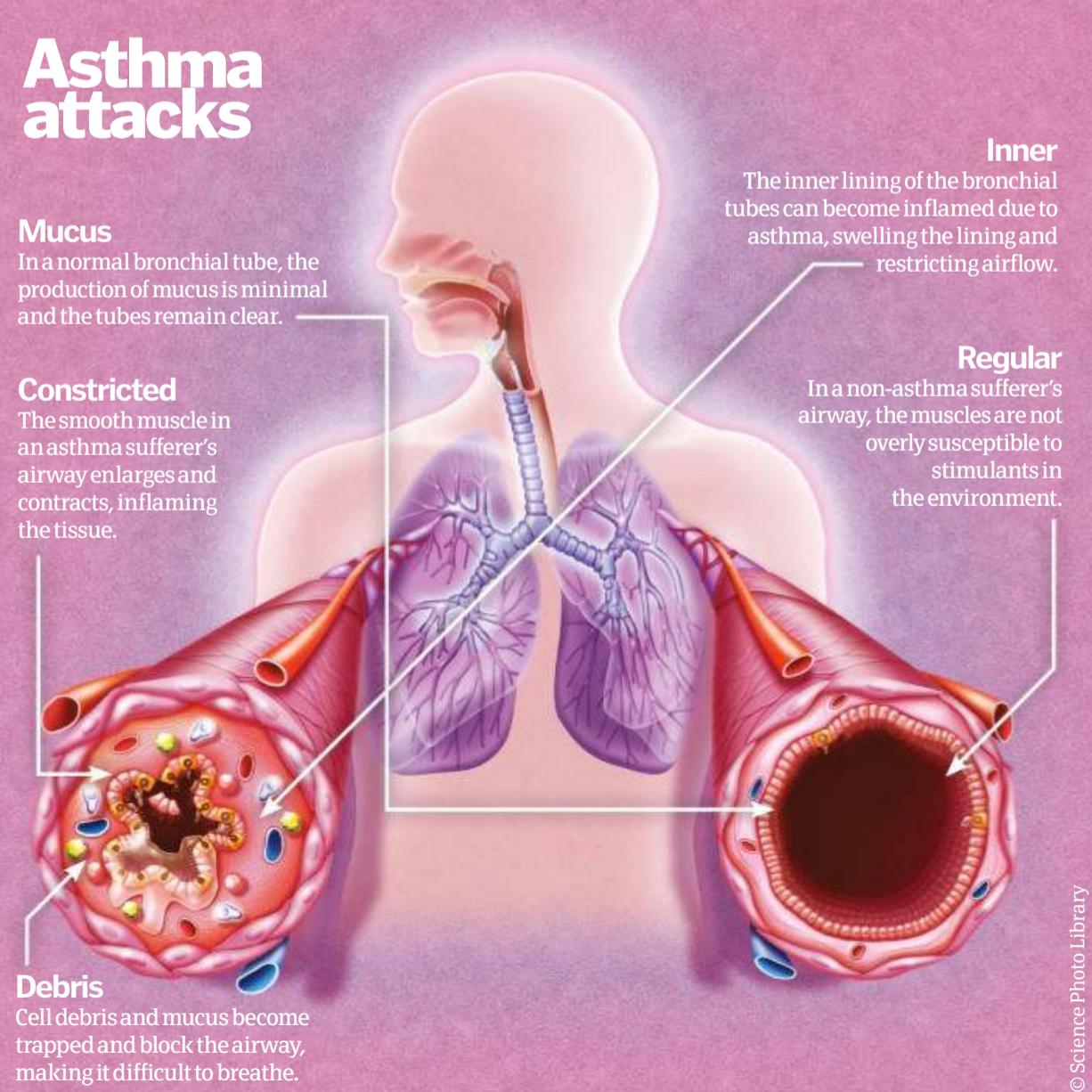
Stress, tension in the head and neck muscles, and the constriction or dilation of blood vessels are just some of the causes of headaches

Asthma

Why does this disease make it difficult for sufferers to breathe?

Asthma is caused by the sudden contraction of smooth muscles in the airways of the body. This is normally due to unusually viscous mucus being produced in abundance in the bronchial mucous glands. One of the primary causes of asthma is the narrowing of bronchial tubes because of inflammation. Asthmatics are overly sensitive (hyperreactive) to stimulants in the environment that can cause the bronchial muscles and tubes to contract. Tubes become irritated and swollen, in turn producing excess mucus and blocking the flow of air. While asthma is often hereditary, it can also be acquired through prolonged exposure to substances such as solder and sulphite.

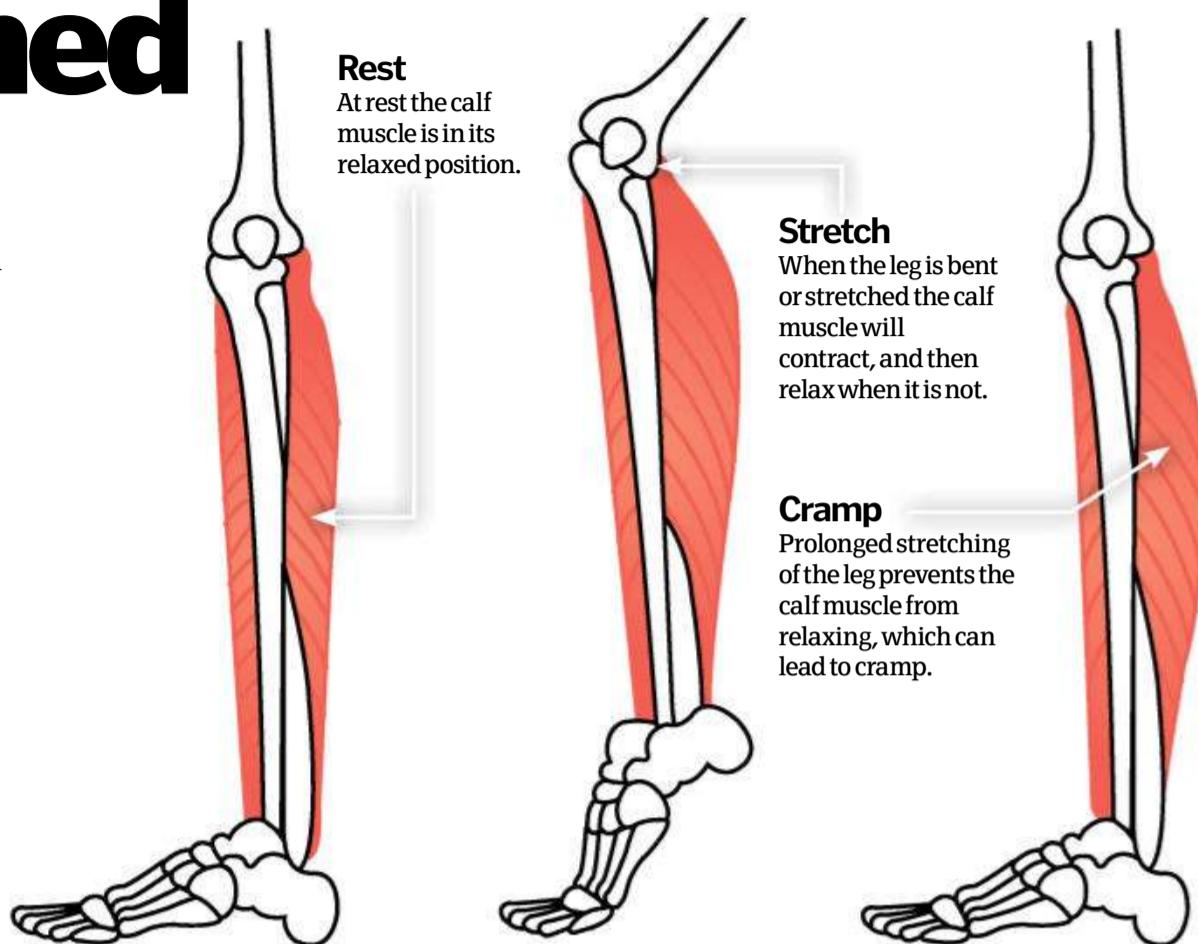
In severe asthma attacks, the accumulation of additional mucus from the bronchial tree can also inhibit airflow within the airways, making it more difficult for an asthma sufferer to breathe. There are several things that can trigger an asthma attack, including exercising and traffic fumes. To overcome an attack, an asthma inhaler can be used to relax the muscles and widen the bronchial tubes so that normal breathing can be resumed.



Cramp explained

Why do our muscles tense up?

Cramp is an involuntary contraction of a muscle, often in a limb such as the leg, that can cause pain and discomfort for seconds, minutes or, in extreme cases, for several hours. They are most common after or during exercise, coinciding with low blood sugar levels, dehydration and a high loss of salt from sweating. Although the full range of causes is something of a mystery due to limited research in the area, cramp is believed to be the result of muscle fatigue. If a muscle has been shortened through prolonged use but is repeatedly stimulated, it isn't able to properly relax. A reflex arc from the central nervous system to the muscle informs it to continue contracting when it is not necessary, leading to a painful spasm known as cramp as the muscle continually attempts to contract. This is why athletes pushed beyond their limits, such as football players who have to play extra time in a soccer match, and long-distance runners, will often experience this condition.



Formation of a blood clot

1. Skin layer

Composed of a water-resistant and protective layer called the epidermis; beneath it is the dermis layer that consists of blood vessels and connective tissue.

Epidermis

Dermis

2. Cut

If skin is cut, platelets in the blood vessels of the damaged area become 'sticky' and clump together at the damaged site to form a white clot. Other chemical reactions create sticky web-like strands of fibrin that adhere to the damaged blood vessel wall, to form a red clot.

Strands of fibrin

Platelets

3. Healing

The blood clot stops blood escaping from the wound, and allows the normal circulation of the red blood cells which transport oxygen around the body and the white blood cells that protect it against infection.

White blood cell

Red blood cell

Blood clotting

How the body reacts to blood vessel damage to aid the healing process

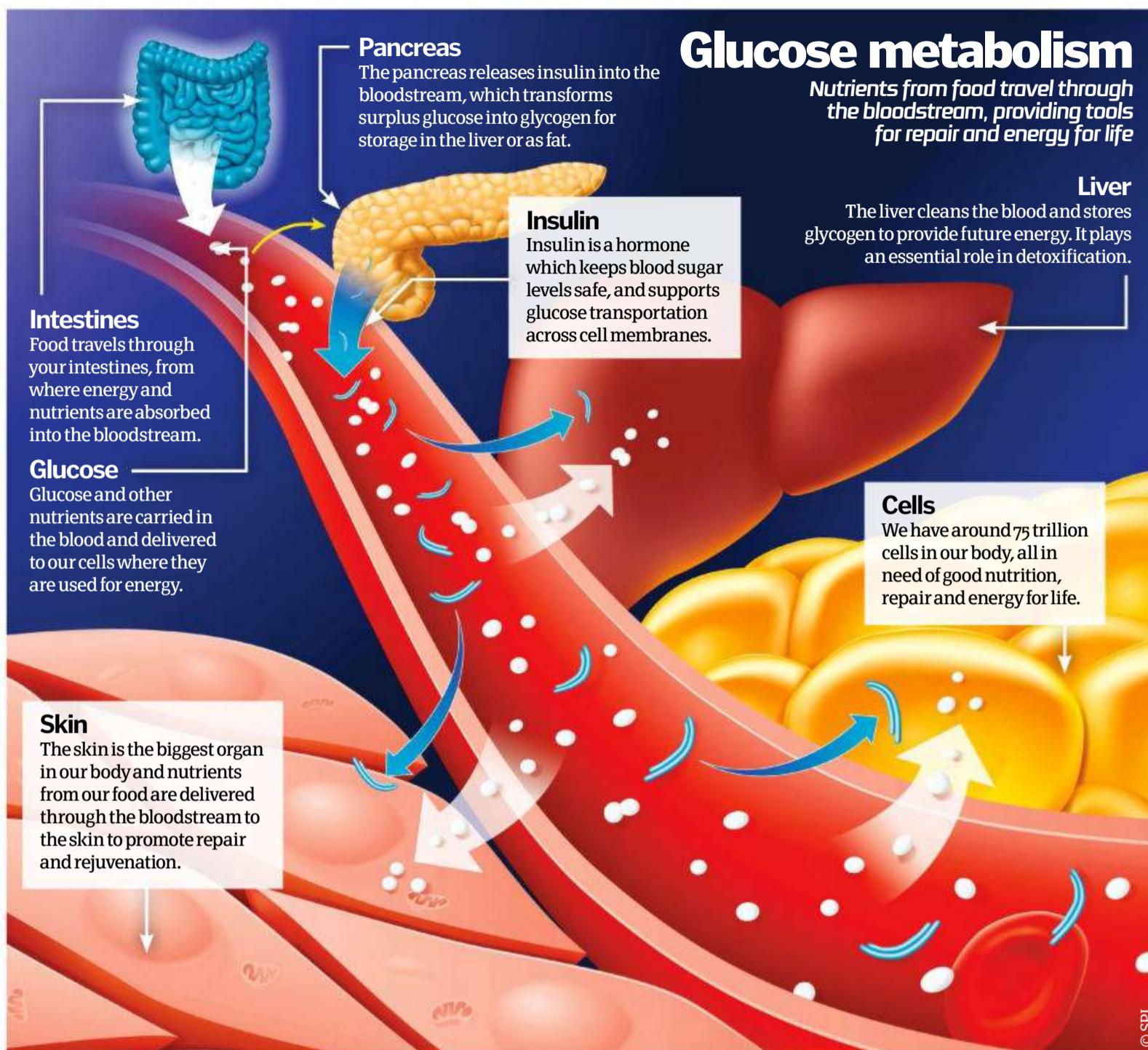
Through the action of the thrombin system, coagulation of the blood occurs instantly at the location where there is a cut or other injury to the skin. The blood clot, which consists of a combination of cellular platelets and sticky strings of fibrin, forms a plug in the damaged blood vessels.

The clot stops blood from freely flowing out of the body and at the

same time allows the blood to continue circulating. As the skin heals, plasmin enzymes break down the webs of fibrin and the clot is eventually dissolved into the body.

Clots can also form in blood vessels due to inactivity, old age, obesity, smoking, poor diet or during pregnancy. This condition is known as thrombosis and can lead to an embolism.





Glucose metabolism

Nutrients from food travel through the bloodstream, providing tools for repair and energy for life

How fast is your metabolism?

Metabolism doesn't just affect your ability to gain or lose weight

The basal metabolic rate (BMR) measures how fast a person's body uses energy (in calories) while at rest. If you eat too many calories, the body will store the energy as fat for later use. Those with a low BMR burn fewer calories while at rest and will have a tendency to gain weight.

Hormones play a key role in metabolism – eg thyroxine is a hormone produced by the thyroid gland which affects the speed of metabolism. An overactive thyroid can result in energy being used too fast, resulting in hyperactivity and weight loss. The hormone insulin is released by the pancreas in response to elevated blood glucose – usually after meals. It pushes blood sugar into the cells and triggers an increase in anabolic activities.

It's common for people to blame a slow metabolism for their weight problems, but usually this is unsubstantiated and more likely a result of poor diet and lifestyle choices.

How metabolism functions

Metabolism is vital for life – if it stops, you die

Metabolism is a series of chemical reactions in the body, which convert the food we eat into the energy that we use for growth, movement and healing. Metabolic reactions occur simultaneously to keep us healthy.

Metabolism begins with plants and photosynthesis – the process whereby a plant absorbs energy from sunlight enabling it to create sugars from water and carbon dioxide. We eat the plants, taking in this energy as carbohydrates, which release glucose into the bloodstream to fuel the body. Digestive enzymes break protein from food down into its individual constituents, called amino acids. Fats are converted into fatty acids, and carbohydrates become sugars, all of which are slowly released into the bloodstream as part of the digestive process.

These nutrients enter the body's cells through the blood and are used either to power the body, build muscle and repair damage or are stored for later use. So the process of metabolism is the building up of tissues, muscle and energy stores and the breaking down of energy stores and fat to generate energy when it is required.

Anabolism (constructive metabolism) is all about building and storing: it supports the growth of new cells, the maintenance of body tissues and the storage of energy for use in the future.

The reverse is catabolism (destructive metabolism), which produces energy for cellular activity. Catabolism releases glucose, mostly from carbohydrates and stored fat, which provides energy to heat the body and therefore enable movement on demand.



How does the liver detoxify?

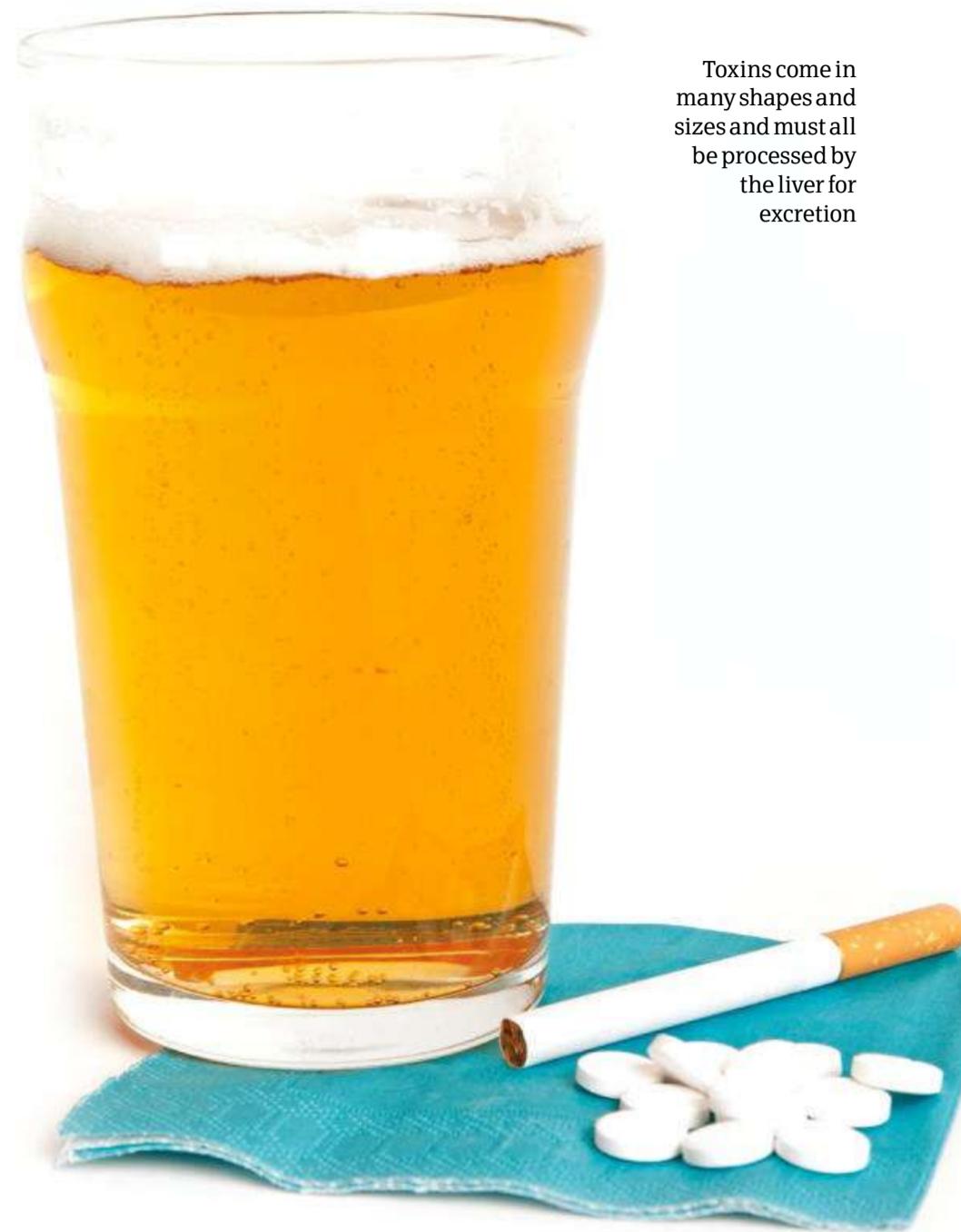
Optimal performance of the liver is integral to preventing disease

Toxins enter the body in food, water, through the skin and by inhalation. These toxins – such as pesticides, pharmaceutical drugs, chemicals and water-borne pollutants – end up in our bloodstream, and our liver filters the blood to remove them. Toxins are also created by biochemical reactions in the body. Toxins affect us in many ways, from drunkenness caused by alcohol to the side-effects of certain medication.

The liver transforms fat-soluble toxins into a water-soluble form. This enables them to be released through the kidneys for elimination in urine, or into bile for elimination through the colon. Enzymes chemically break down

toxins which have been absorbed through the intestines. The toxins are either neutralised, or converted into a more chemically active form which is then neutralised, to be safely excreted.

A healthy liver will manufacture approximately one litre (1.75 pints) of bile per day to transport toxins out of the body. If the liver is sluggish, toxins can build up, causing inflammation and oxidative stress. Toxins which are not eliminated return to the bloodstream and are eventually stored in fatty tissues where they pose less of an immediate threat. In the longer term, however, the slow release of these toxins back into the bloodstream can lead to a number of diseases.



Toxins come in many shapes and sizes and must all be processed by the liver for excretion

A LIVER LOBULE CLOSE UP

Hepatocytes

Hepatocytes are the predominant cells of the liver, making up an estimated 80 per cent of the organ's mass. They perform metabolic and endocrine functions as well as detoxification.

Branch of portal vein

This vein delivers nutrient-rich blood for use by the hepatocytes.

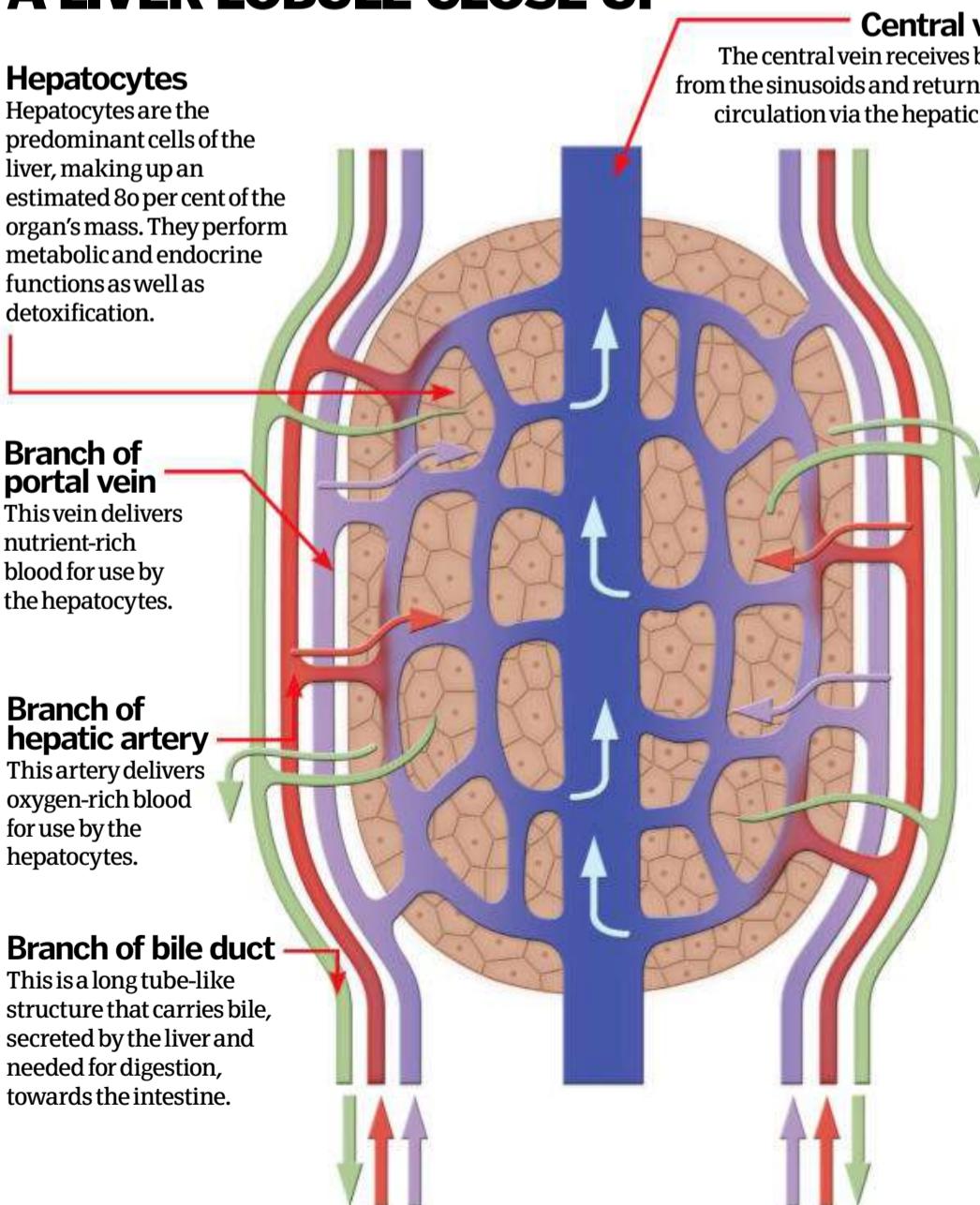
Branch of hepatic artery

This artery delivers oxygen-rich blood for use by the hepatocytes.

Branch of bile duct

This is a long tube-like structure that carries bile, secreted by the liver and needed for digestion, towards the intestine.

Central vein
The central vein receives blood from the sinusoids and returns it to circulation via the hepatic vein.



The liver at work

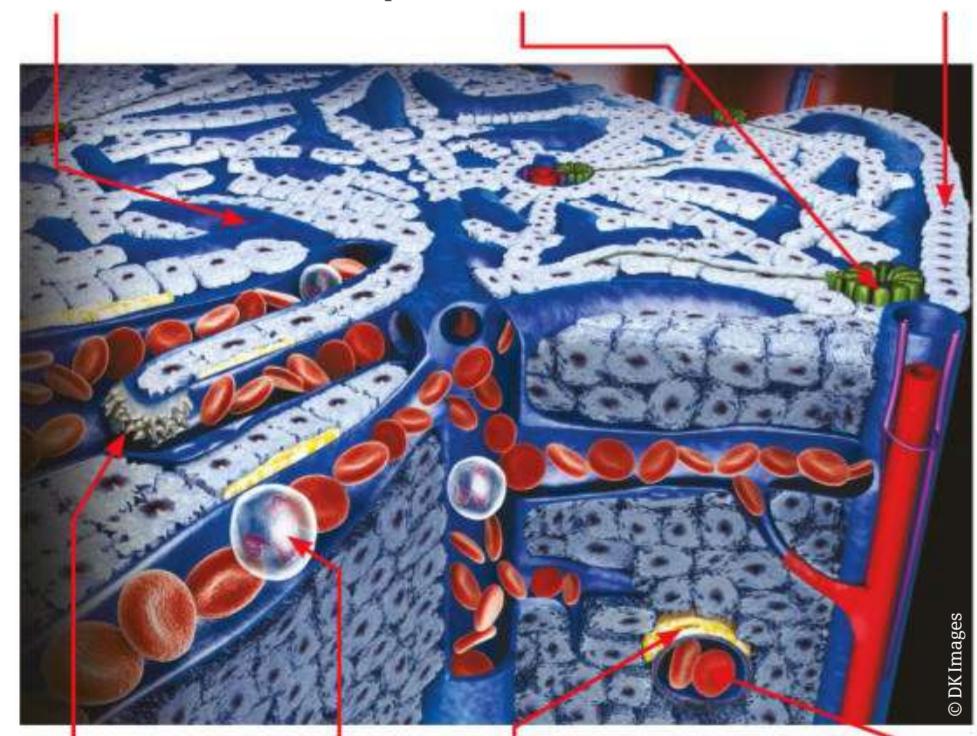
Sinusoid

This blood vessel carries nutrients and oxygen from the portal and hepatic arteries past the hepatocytes and back to the central vein.

Bile duct
Bile is largely produced by breaking down cholesterol, bile salts, water and bilirubin – which is a product of red blood cells.

Hepatocyte

Hepatocytes manufacture bile and secrete it into small channels which drain into the bile ducts.



Kupffer cell

Kupffer cells partly line the sinusoids and destroy microbes and dead cells.

White blood cell

These cells are part of the immune system and help our bodies fight off infection.

Fat-storing cell

These cells contain fat which regulates local blood flow to the hepatocytes. They play a key role in repairing cells in the liver when they're damaged.

Red blood cell

These cells carry oxygen to the body's tissues. They contain iron-rich haemoglobin, which is the pigment that makes blood red.



How do gastric bands work?

Gastric bands aren't just for cosmetic purposes – they can help to prevent health problems too

Gastric bands only work in conjunction with a strict diet plan



Gastric bands are inflatable circular balloons that are placed around the top of the stomach. They reduce the total capacity of the sack-like organ, so when the patient eats, their stomach wall stretches sooner and tells their brain that they are full, but with a smaller volume of food. This leads to a lower daily calorific intake and, as part of a controlled diet and exercise regime, results in weight loss.

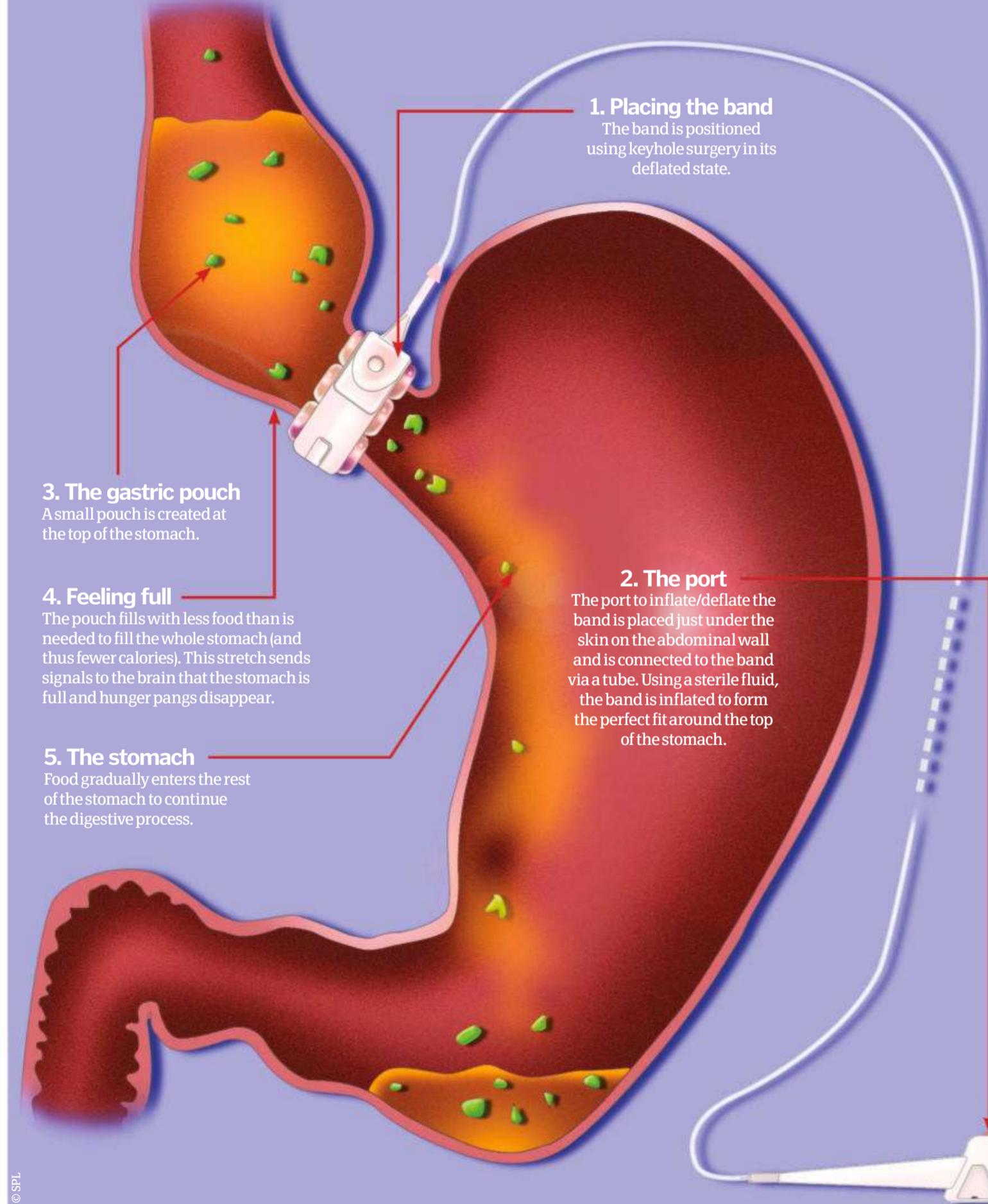
The band is typically placed with keyhole (or laparoscopic) surgery, leading to smaller scars, less pain and a shorter hospital stay. However, patients first need a vigorous workout. They must try and lose weight through conventional methods and medications, which may take up to six months. All patients undergoing weight-loss surgery must see a health psychologist too. The patients should be mentally prepared and positive that a gastric band will help them slim down as part of a holistic approach – for example, it won't work if they continue to eat pizza and chips at every meal!

The band is placed in position in its deflated state. Through a port placed just under the skin, its size can be adjusted incrementally, leading to a controlled rate of weight loss; uncontrolled, over-quick weight loss can be very dangerous.

As with any medical procedure, there are potential risks and complications. The band can slip or become too tight around the stomach, leading to pain and visits to the emergency department. In these circumstances, deflating the band through the port beneath the skin solves most problems in the short term.

“Over-quick weight loss can be very dangerous”

GETTING THE PERFECT FIT



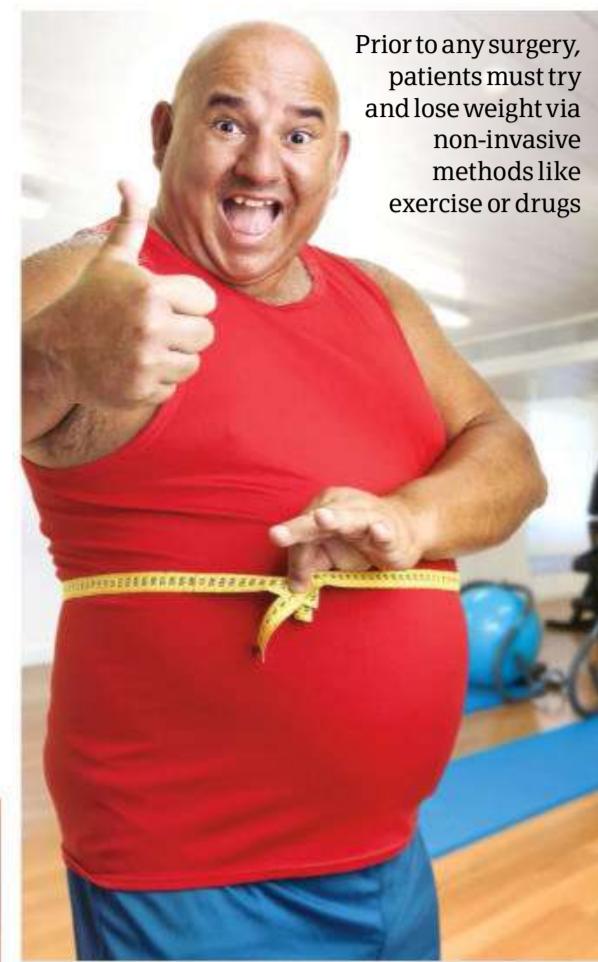


How healthy are you?

The body mass index (BMI) is commonly used to estimate a person's body fat. It is utilised around the globe, including by the World Health Organisation. It estimates a person's body size by dividing their weight by their height squared (ie $BMI = \text{weight in kilograms} / \text{height in metres squared}$). The advantages are that it is easy to use, is the same for males and females and, in adults, is age independent. In children, it is used slightly differently and correct values vary according to age.

The BMI reading corresponds to categories of underweight, normal, overweight and obese.

The disadvantage of the BMI system is that it doesn't take into account people's differing body proportions or muscle bulk. Athletes with lots of muscle, for example, would be classified as being overweight and thus unhealthy, although they're probably very fit. Some children who grow at different rates may be classed as outside normal ranges too, whereas they are in fact just in a growth spurt. That's why BMI must be used in conjunction with the person's overall fitness and appearance, and should be measured at several points over time to detect trends.



Prior to any surgery, patients must try and lose weight via non-invasive methods like exercise or drugs

HOW DOES OBESITY AFFECT YOU INSIDE?

Gastric bands don't just make people look better. There are serious consequences of obesity on the internal organs, which have health implications that are very expensive to treat. Thus gastric bands can improve health and be cost-effective in the long term.

The heart

Obesity reflects underlying high-circulating triglycerides and poor health. This 'circulating fat' can block the coronary arteries, leading to angina or heart attacks (myocardial infarctions).

The lungs

When obese people have a layer of fat sitting on their chest wall, combined with fat from the abdomen preventing complete expansion of the lungs, it can lead to breathing problems. This is worse at night when lying flat and can cause sleep apnoea, where all breathing stops.

The abdominal wall

Everyone has a fatty layer on their abdominal wall. In obesity, this is often larger and it reflects what's going on inside too.

The muscles

Everyone has rectus abdominis (six-pack) muscles, even if they're buried between layers of fatty adipose tissue.

The liver

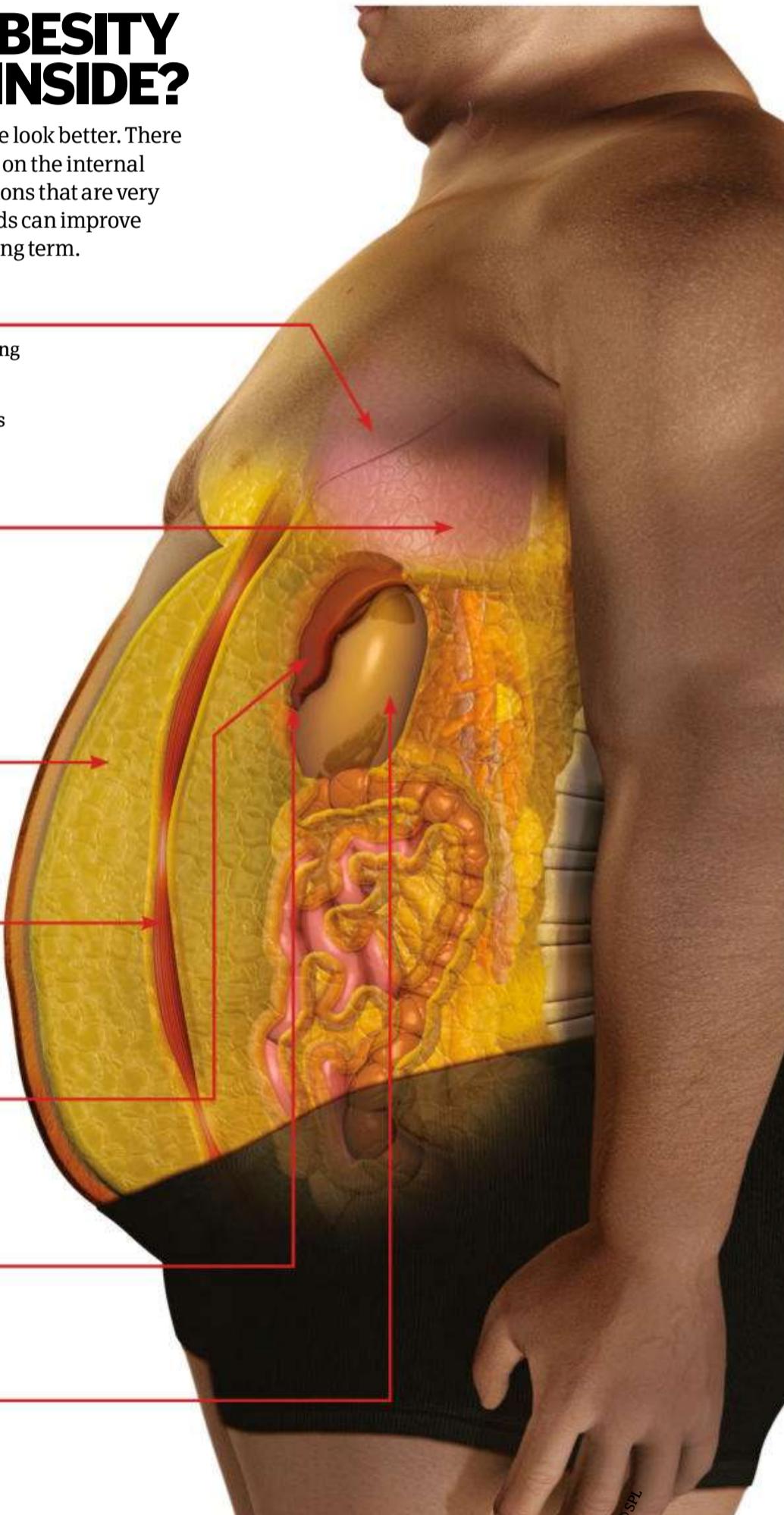
Obesity can lead to fatty liver disease (FLD), which in turn can progress to serious scarring of the organ (known as cirrhosis).

The pancreas

Obese people are at a higher risk of developing diabetes, which is related to changes within the pancreas.

The kidneys

High levels of circulating fats can block the arteries feeding the kidneys, causing hypertension. There are other effects on the kidneys too, although these are not fully understood as yet.



What's the alternative?

All patients should start with a regime of healthy eating and exercise before considering surgery. Medications should be tried next and, combined with the right lifestyle, most people will lose weight and regain their health. However, some people don't manage to lose weight, despite trying hard, so surgery is the only option left.

An alternative to the gastric band is the sleeve gastrectomy. During this procedure, most of the stomach is removed, leaving a sleeve-shaped tube. In a similar way to gastric bands, the patient feels full sooner, reducing the calorific intake. Gastric bands are not permanent and can be removed, but they can also slip out of place. Sleeve gastrectomies are permanent and won't dislodge, but the procedure is more invasive and there are other potential complications that will need to be discussed thoroughly with the surgeon.

During a gastric bypass, on the other hand, a small pouch of the stomach is created which is connected to the small intestine lower down. This has a malabsorption effect, which ultimately means that fewer calories from what is ingested are taken into the body.

There are other forms of intervention, such as intragastric balloons, but not enough evidence exists to assess them properly. Finally, abdominoplasty (a 'tummy tuck') is a quick way to get rid of some excess abdominal fat without changing anything inside; this is purely cosmetic surgery though and has no internal health benefits.



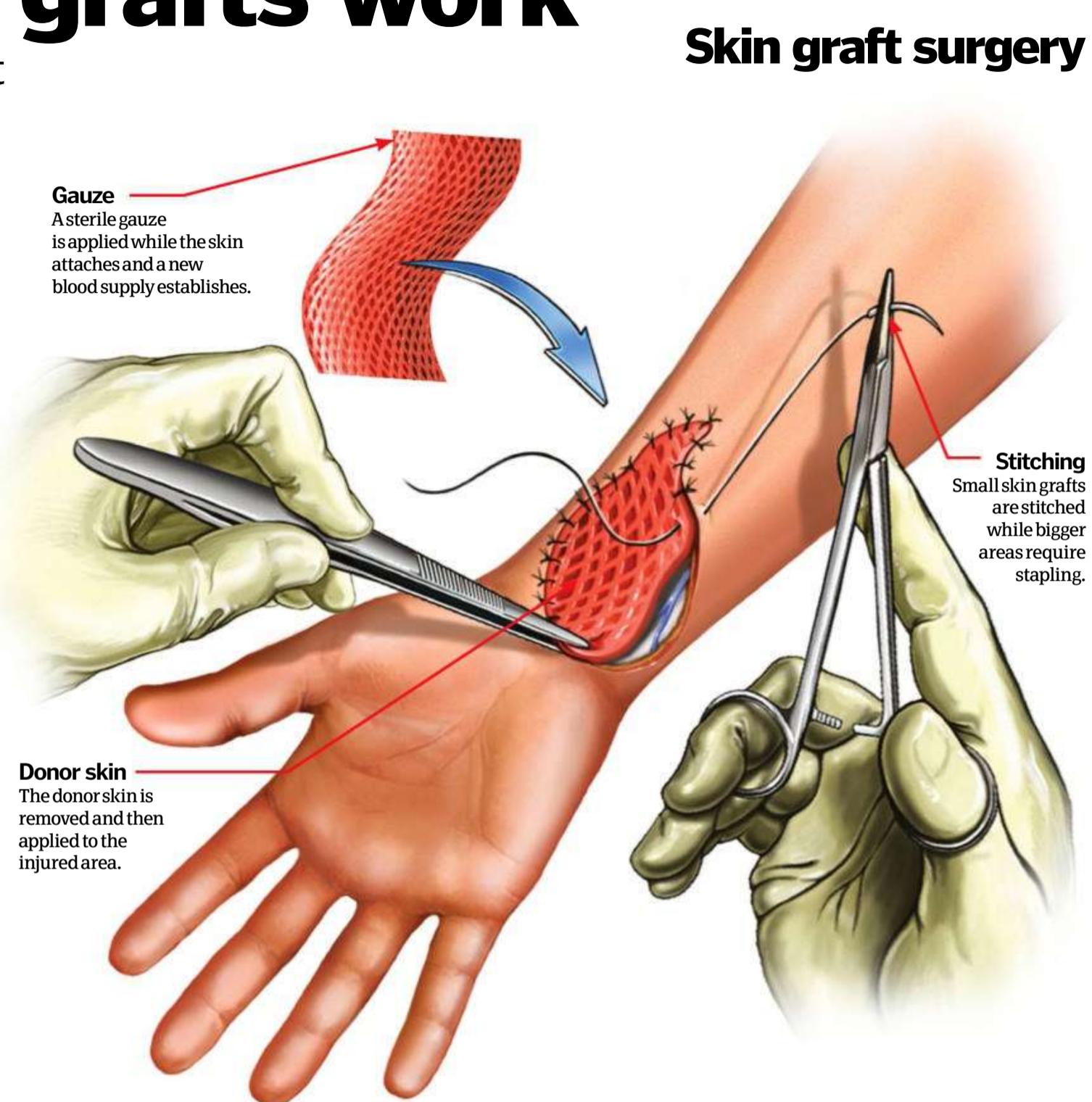
How skin grafts work

When our body's largest organ is damaged, sometimes it needs a helping hand to heal

Skin grafting is a medical procedure where a portion of skin is removed and stitched onto another part of the body. There are many cosmetic and medical reasons why this might be necessary: serious burns, surgery, tattoo removal and some medical conditions (skin cancer or diabetes, for example) might all necessitate skin grafting.

Autografts are skin grafts taken from the patient's own body, usually the buttocks, neck or back of the arm. Depending on the size of the area that it's removed from, it's then stitched or stapled closed again and the new skin applied to the injured area. Allografts and xenografts, meanwhile – taken from other humans and animals, respectively – are temporary grafts.

But perhaps most interesting is the artificial 'skin' called Integra, made of animal collagen that gives the damaged part an organic scaffolding for new skin to grow into. This is usually used in cases of extreme burns where there isn't enough healthy skin for an autograft.



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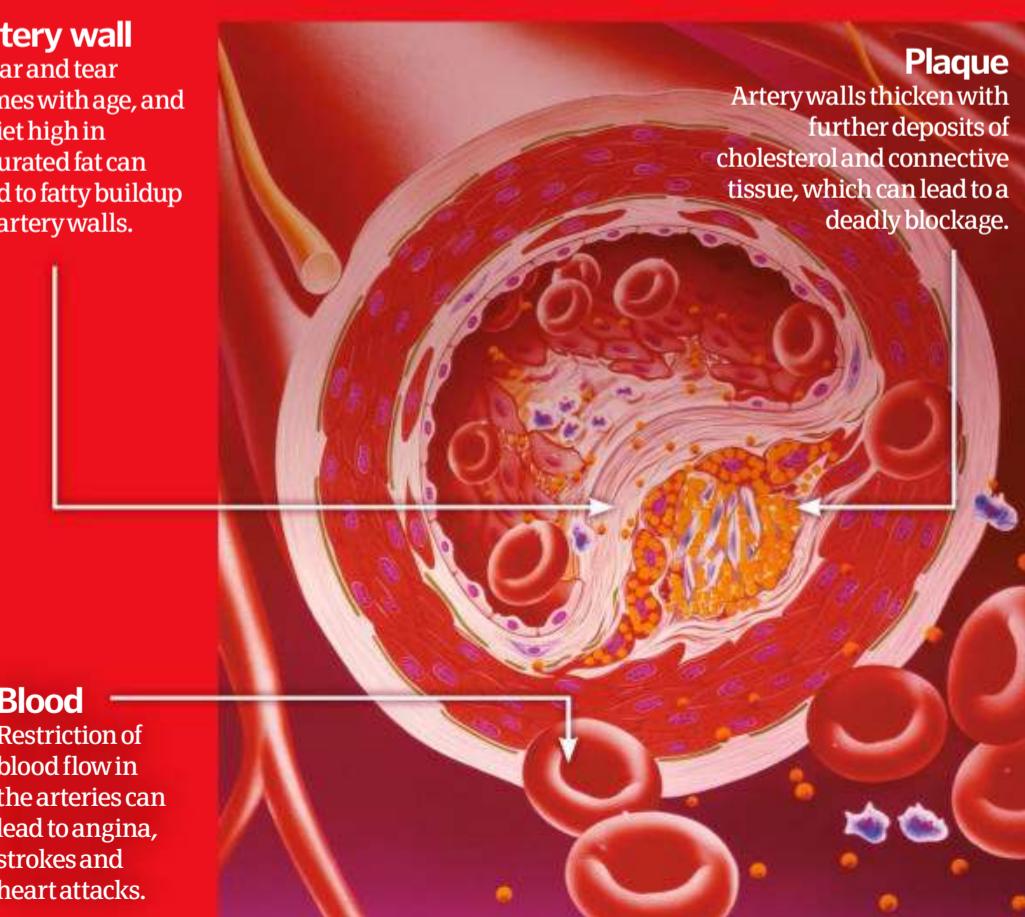
Is cholesterol bad for you?

Is this substance as evil as we hear?

Cholesterol is a fatty molecule in the blood and, generally speaking, having too much is bad: it can stick to the walls of your arteries and increase the risk of heart disease. Most foods, with the exception of offal, eggs and shellfish, don't contain any cholesterol, but many contain saturated fats, which are turned into cholesterol by the liver. However, cholesterol itself isn't unhealthy – in fact, you wouldn't be

able to live without it. The body uses cholesterol as a kind of padding, coating the outer membranes of all our cells and insulating nerve fibres, helping signals travel properly to and from the brain. It's also a fundamental part of the endocrine system, as all steroid hormones (eg oestrogen) are synthesised from cholesterol. A good diet and regular exercise can keep cholesterol within a healthy range for most people.

Artery wall
Wear and tear comes with age, and a diet high in saturated fat can lead to fatty buildup on artery walls.



Hypermobile joints

Are super-bendy people simply more flexible than the majority of us, or is there a physiological explanation?

There's always one in a group: the 'double-jointed' person who can bend their thumbs back to touch their wrists, or wrap their legs behind their head. We often think of these people as especially flexible, and sometimes they are. But often hypermobile joints are indicative of an underlying medical condition.

Hypermobility syndrome (HMS) is a combination of genetic conditions that lead to muscles, tendons and ligaments that are formed differently, and are usually more fragile and prone to injury. Benign joint hypermobility syndrome (BJHS) can be considered a low level of hypermobility where 'bendy' joints can result in some pain

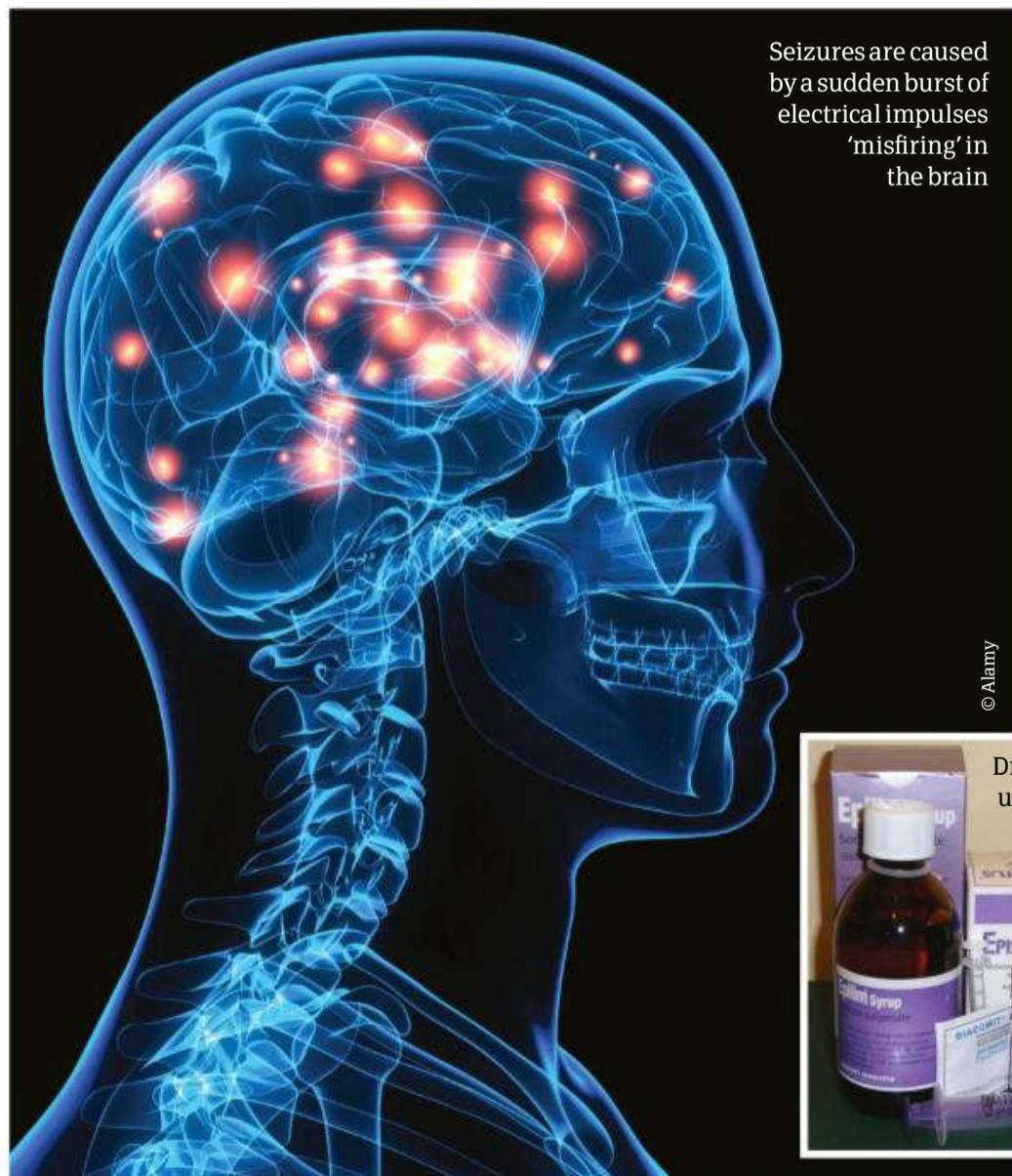
but no life-threatening complications. Marfan syndrome, on the other hand, can be much more serious: in addition to limb dislocation, sufferers of the more serious form can experience problems with their vision, nervous system and potentially fatal heart problems, all as a result of weakened connective tissues.

Clinical diagnosis of hypermobility syndrome is made using the Beighton score, a nine-point criteria that requires the suspected HMS patient to attempt certain postures and thus confirm or rule out certain conditions. Treatment might include pain-killing drugs, although a high level of fitness and a healthy lifestyle will often help in milder cases.



It may make a cool party trick, but acts like this can indicate serious maladies

© SPL



Seizures are caused by a sudden burst of electrical impulses 'misfiring' in the brain

© Alamy

What is a fit?

Why do some people experience these violent bodily convulsions?

A fit, also known as a seizure or convulsion, is when abnormal electrical activity in the brain changes a person's behaviour. This can be caused by many things and take many forms, but the most common 'fit' is one caused by epilepsy. Injury to the brain, drug misuse, birth defects and other medical conditions can all result in epilepsy, which causes the brain to become excitable and its neurons to send out abnormal signals.

Symptoms depend on the part of the brain

affected and can be as simple as a focal seizure which might result in eye rolling or muscle contraction, or as dramatic as a 'grand mal'. In the latter, the entire body can experience violent muscle contractions and clenched teeth for several minutes. Sometimes the fit can halt breathing and leave the victim with a blue pallor, making them potentially life threatening.

Seizures are sometimes preceded by distinct tastes, sounds or smells, called auras, and can have a number of triggers, including stress, fever and, in some epileptic cases, flashing lights like strobes.



Why do we get angry?

Learn what happens when someone loses it...

Anger is one of the six universal emotions experienced by humans – the others being happiness, fear, sadness, disgust and surprise. Our emotions are the largely unconscious physical responses we have to stimuli.

While we use the cerebral cortex in the brain to think logically and make judgements, anger is controlled by the limbic system, a group of structures buried lower down in the primitive regions of the brain. A sophisticated network of nerve pathways controls instinct and governs such emotions as fear and rage. We get angry to protect ourselves from danger if something threatens us, our belongings or anyone that we care about.

Within the limbic system is the amygdala, a structure in which we store

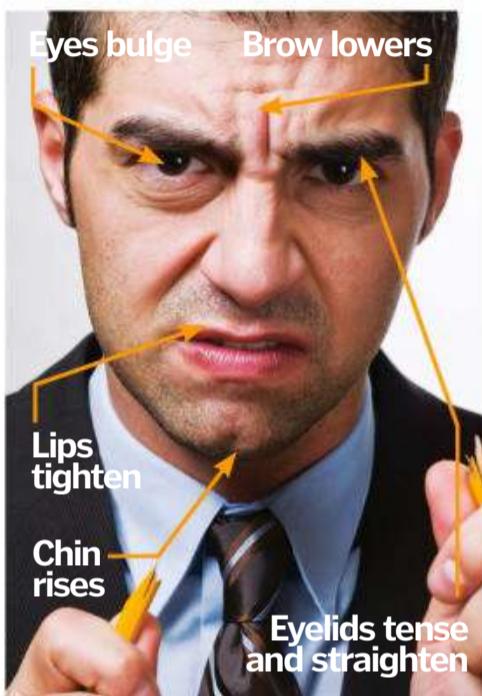
our emotional memories. Anger is a primitive form of self-preservation and it's the limbic system that invokes our natural instincts such as the fight-or-flight

response to fear. When a stimulus triggers the amygdala, a flood of hormones – such as adrenaline – is produced automatically to warn the body to prepare for action. Because anger is controlled by the emotional centre of the brain – rather than the 'thinking' part – an angry person can temporarily lose control of their actions as well as the things they say. This is why we often refer to someone as 'losing it'

when they get really mad.

We exhibit anger in a variety of ways, including facial expressions, raising of the voice and more aggressive behaviour.

We communicate this emotion for others to read and respond to.



What are grommets?

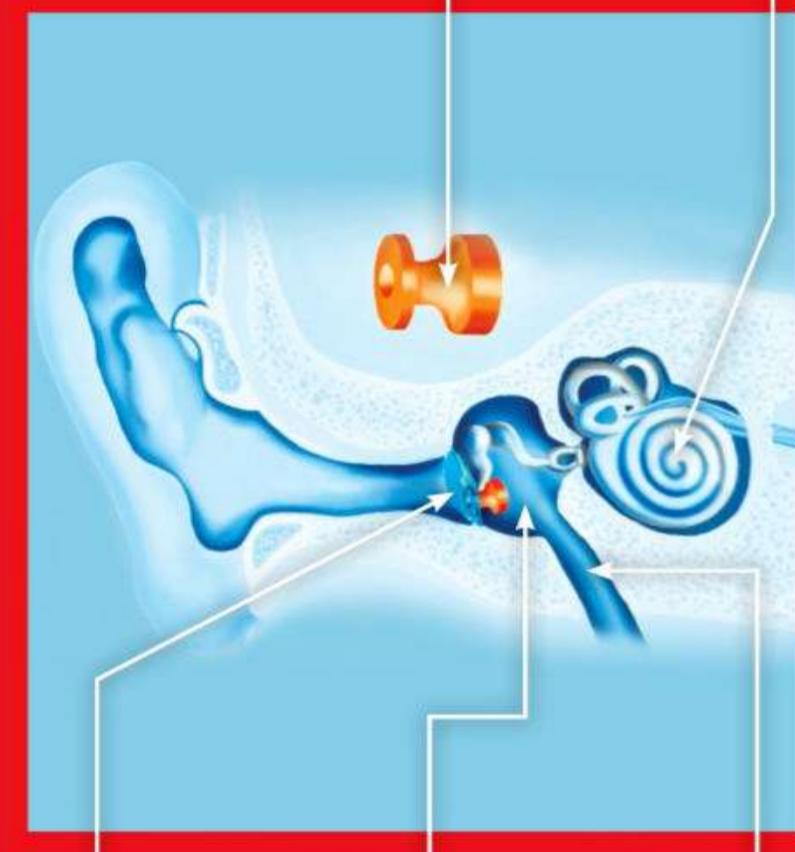
Why are these little plastic tubes often used to clear blocked ears?

Grommet

The grommet is a tube around 1.5mm (0.06in) in diameter, inserted into a tiny incision in the eardrum.

Inner ear

This contains the cochlea, which receives sound pressure from the eardrum, plus the vestibular system, which deals with balance.



Eardrum

Otherwise known as the tympanic membrane, it's used to transmit sounds to the middle ear.

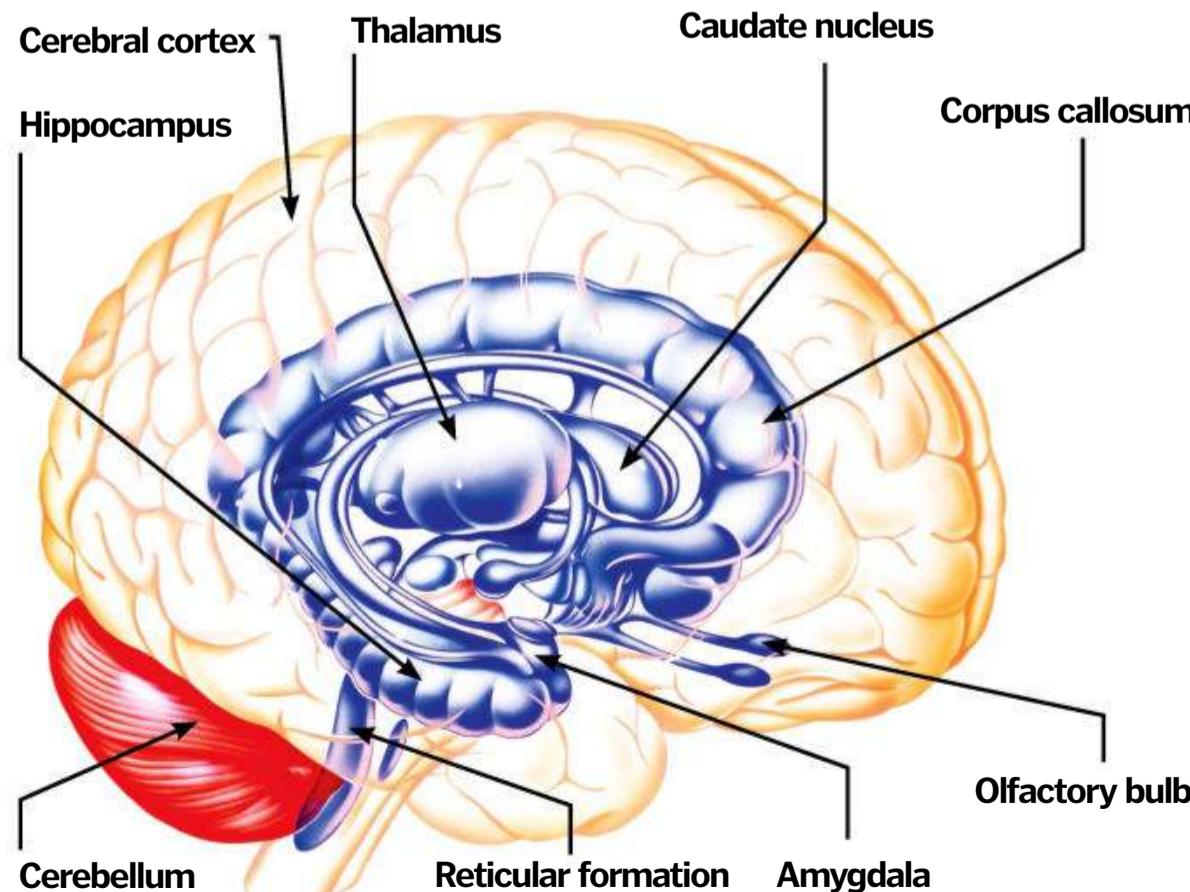
Middle ear

Otitis media is a common infection, or inflammation, that occurs in this part of the ear.

Eustachian tube

Made of bone and cartilage, this tube is prone to infection via the nose and throat.

Exploring the limbic system



The Eustachian tube runs from the back of your nose to your middle ear and helps fluid drain away as well as maintain a pressure equilibrium, allowing the eardrum to vibrate as it should. Infection can block the Eustachian tube and cause a partial vacuum in the middle ear, which in turn will lead to a fluid buildup and potentially temporary hearing loss.

Mild infections may clear up with time or can be treated with antibiotics. But with more serious or reoccurring infections, an operation called a myringotomy may be considered. This procedure involves cutting into the eardrum and inserting a grommet, which will release the fluid and essentially allow the middle ear to 'breathe'. The grommet itself is a tiny piece of tube about the size of a match head. It allows the inflamed ear to recover, after which the eardrum itself will push the grommet out after six months or so and heal over.

Anaphylactic shock

Learn about this potentially life-threatening condition and what can bring it on

Anaphylaxis, otherwise known as anaphylactic shock, is a potentially deadly allergic reaction. It can be brought on by any number of conditions, but it's usually triggered by ingesting food that the person is allergic to – such as nuts, eggs or shellfish, being stung by an insect, or coming into contact with a particular drug or chemical. Signs someone is experiencing anaphylaxis include respiratory difficulties, dizziness, red rashes and other skin changes, plus a form of subcutaneous swelling called angioedema.

Anaphylaxis is essentially an overreaction to a toxin, such as wasp venom, or a bad reaction to a substance that the body perceives as a

threat. When the substance (known as an allergen) enters the body through the skin, inhaled into the lungs or ingested through the mouth, the reaction between the allergens and the immune system's antibodies releases a number of chemicals from cells in the blood and tissue. This includes histamine, which causes swelling in the contact area, although it can spread to the whole of the body depending on the severity of the reaction.

Blood pressure falls and breathing can be restricted, especially if the swelling is around the throat. In asthmatics, the allergic effect takes place in the lungs, which is why an asthma attack is particularly dangerous.

Treating anaphylaxis

Anaphylactic shock can be serious, especially if it's undiagnosed. Fortunately most people are aware of their allergies and can avoid the foods or substances that cause a reaction. Asthmatics, for example, have an inhaler for when they feel an asthma attack coming on. In emergencies, an auto-injector device is used to shoot adrenaline into the thigh. The adrenaline counteracts the symptoms of the reaction by constricting blood vessels, which raises blood pressure, opens up the airways and suppresses the release of histamine. The patient usually sees a very rapid improvement once the adrenaline has been administered, although they will generally require supervision in hospital for a day or two to ensure the allergens are out of their system.

Normal reaction

1. Contact

In the case of a wasp sting, or skin contact allergy, the allergens penetrate the skin.

2. Macrophages

The macrophages ingest the allergens and bring them into the bloodstream.

4. Immune specialists

The antibodies attach themselves to immune specialists – mastocytes and basophils – and carry the particles away.

3. Antibodies

The macrophages present the particles to the immune T-cells (lymphocytes), which produce antibodies.

Allergic reaction

1. Contact

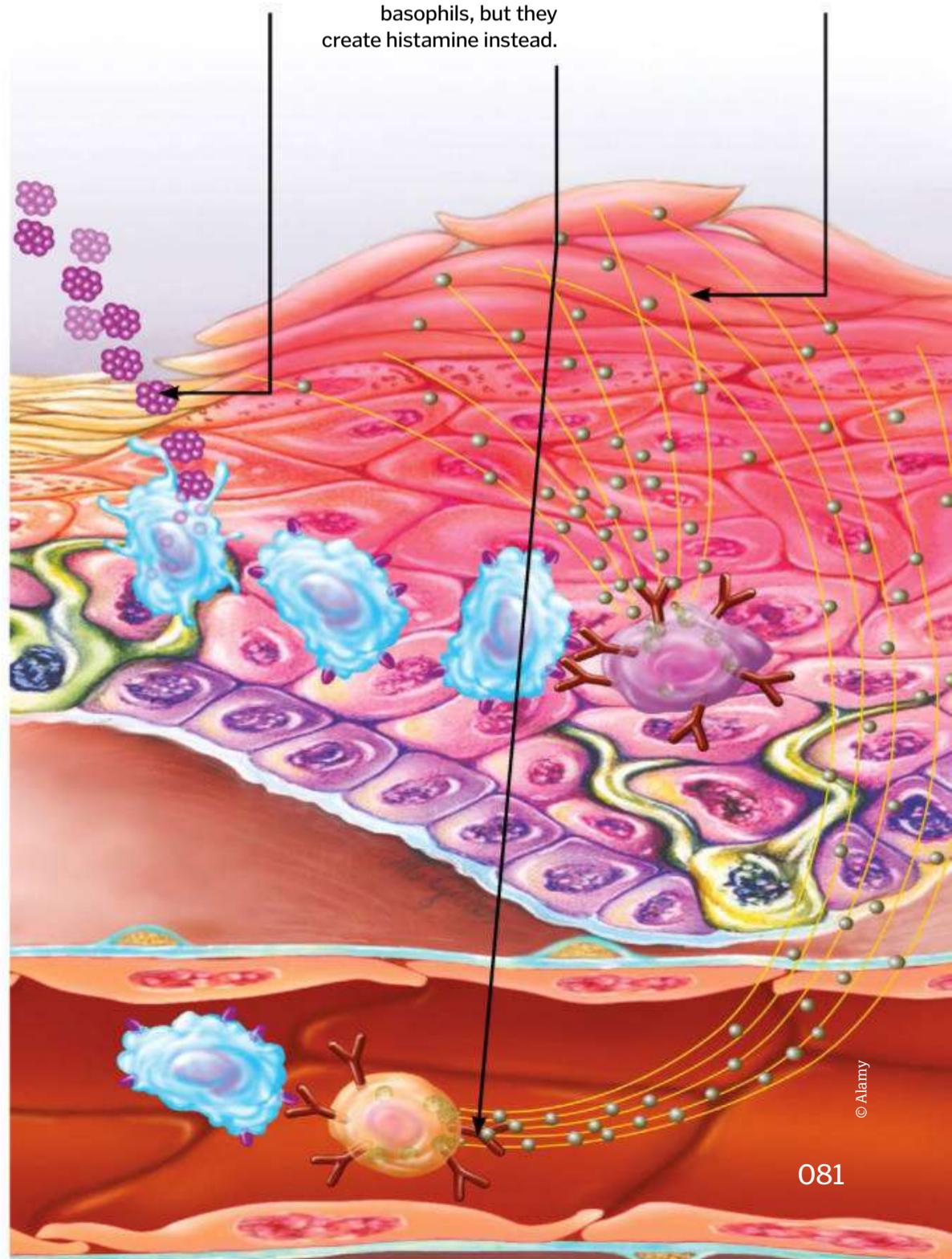
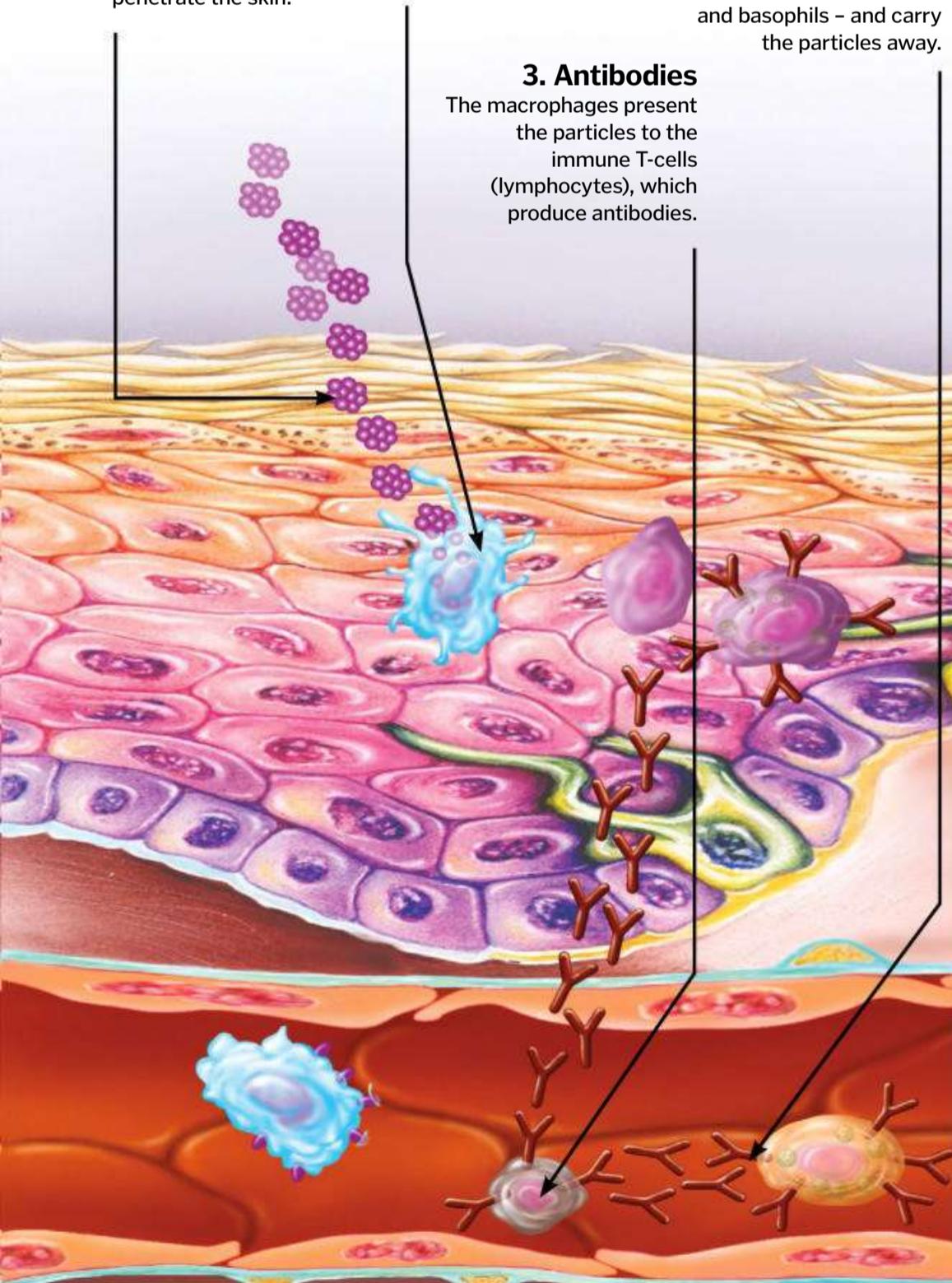
As before, the allergens penetrate the skin and the allergic reaction begins.

2. Histamine

The allergic antibodies produced attach to the mastocytes and basophils, but they create histamine instead.

3. Angioedema

The histamine produced results in excessive swelling in the area.





Brain surgery

Discover one of the most challenging of all medical specialties. If you thought rocket scientists had to pay attention to detail, wait until you meet this lot...

There is still so much we don't know about the human brain. However, if something goes wrong and it needs an operation, you will find yourself in need of a neurosurgeon. These guys can operate on the vast number of structures within the brain and spinal cord, and have a full arsenal of techniques and – literally – cutting-edge technologies to hand.

A neurosurgeon's workload comes in two main forms. The emergency work is often a result of road traffic accidents or fights, and often affects young men with head injuries. These patients may have bleeding within the skull, which is exerting pressure on the brain – the neurosurgeon must relieve that pressure. There is also the planned work, where neurosurgeons try to remove tumours with meticulous detail to surrounding structures.

The technology starts a long way before the operation. Advanced CT

and MRI scans allow for 3D reconstructions and images that we couldn't have even dreamed of a few years ago. This allows neurosurgeons to plan the precise timing and nature of surgery – where to cut and how deep to make the incision. The imaging falls within a team approach to caring for these patients, as the team is just as important as the technology.

Surgery is becoming less invasive as time goes on. The advantages of this are smaller incisions, less disruption to surrounding tissues, less pain and shorter hospital stays. Surgeons now often use powerful microscopes with bright lights to help them remain as precise as possible. These microscopic techniques require a huge amount of skill, dexterity and hand-eye co-ordination that would impress even a fighter pilot.

New neuro-navigation techniques and robotic surgery can

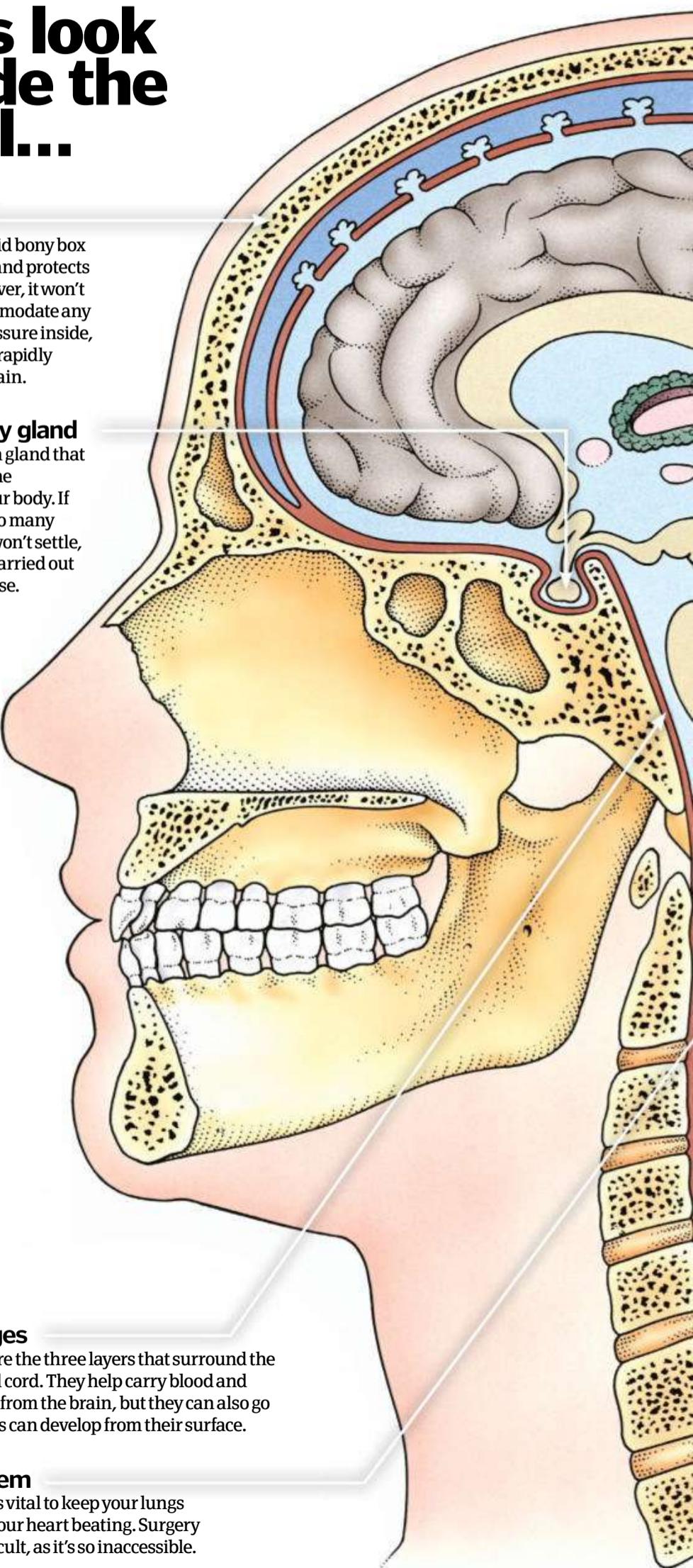
Let's look inside the skull...

The skull

The skull is a rigid bony box that surrounds and protects the brain. However, it won't stretch to accommodate any increases in pressure inside, so bleeding can rapidly compress the brain.

The pituitary gland

The pituitary is a gland that helps regulate the hormones in your body. If it's producing too many hormones and won't settle, surgery can be carried out on it... via the nose.



The meninges

The meninges are the three layers that surround the brain and spinal cord. They help carry blood and nutrients to and from the brain, but they can also go wrong – tumours can develop from their surface.

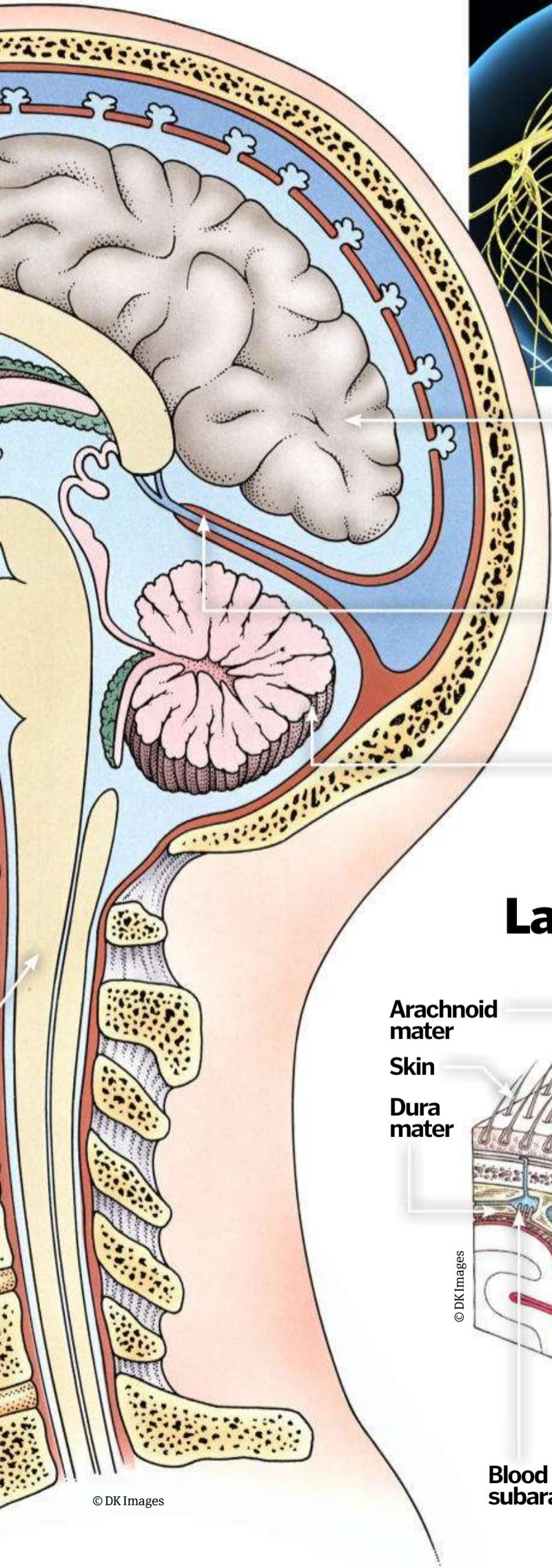
The brainstem

The brainstem is vital to keep your lungs breathing and your heart beating. Surgery here is very difficult, as it's so inaccessible.



Famous American neurosurgeon Sanjay Gupta at work

every



The grey matter

The grey matter contains complex areas of memory, personality and function. Surgery here can have few effects, or it can have devastating effects, such as taking away your memories or changing your personality.

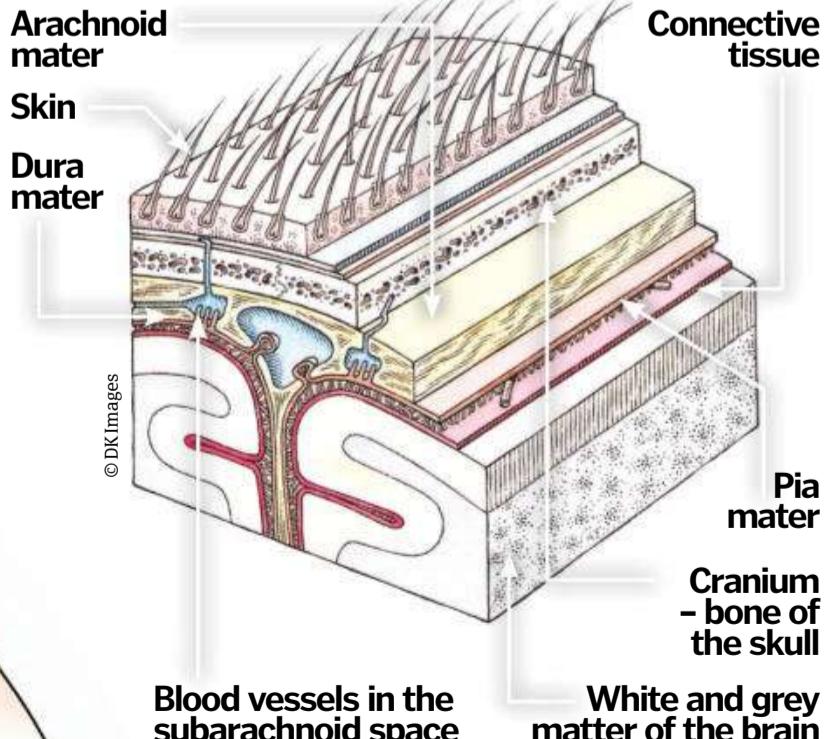
The ventricles

The ventricles allow a special fluid – cerebrospinal fluid – to circulate around the brain. If they get blocked, the brain can swell rapidly and the pressure causes headaches as the meninges stretch.

The cerebellum

The cerebellum controls your fine movements. Surgery here can leave you with balance problems.

Layers surrounding the brain



"Advanced CT and MRI scans allow for 3D reconstructions and images that we couldn't have even dreamed of a few years ago"

Why do you need brain surgery?

Some of the common reasons for performing brain surgery

Trauma

Often following road traffic accidents or fights, head injuries are common – especially in young men. They can range from minor to life-threatening. Sometimes surgery won't help, but if the bleeding can be stopped in time, you need a neurosurgeon.

Appropriate procedure: Craniotomy

Procedure length: 1-4 hours

Recovery time: Weeks to months

Effectiveness of procedure: If early enough, completely effective. If late, it can be devastating.

Severity of condition:  **Difficulty of surgery:** 

Tumours

Brain tumours present themselves in a variety of ways – some people have headaches, some have co-ordination problems, and some have no symptoms at all. Metastatic tumours, where growth is from another source (such as breast or bowel), are the most common type.

Appropriate procedure: Craniotomy or stereotactic surgery

Procedure length: 2-12 hours

Recovery time: Weeks

Effectiveness of procedure: Ranges from no effects to severe effects.

Severity of condition:  **Difficulty of surgery:** 

Cerebral aneurysms

Swellings in the fine blood vessels within the brain can burst, leading to life-devastating bleeding. Preventing the bleeding is the trick here.

Appropriate procedure: Endovascular coiling

Procedure length: 1-3 hours

Recovery time: Days

Effectiveness of procedure: If coiled before a major bleed, it's likely to provide an excellent outcome.

Severity of condition:  **Difficulty of surgery:** 

Epilepsy

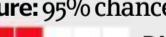
Surgery for epilepsy isn't for everyone. In some cases, where medicines can't control the fits, surgery may be appropriate if the fits are arising from one area.

Appropriate procedure: Temporal lobectomy

Procedure length: 2-4 hours

Recovery time: Days

Effectiveness of procedure: 95% chance of success in selected patients.

Severity of condition:  **Difficulty of surgery:** 

Parkinson's disease

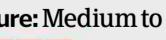
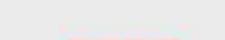
Some patients with Parkinson's disease will benefit from some extra stimulation of their nerves. Implanting a special nerve 'pacemaker' isn't easy, but this deep brain stimulation can produce stronger signals.

Appropriate procedure: Deep brain stimulation

Procedure length: 2-4 hours

Recovery time: Days

Effectiveness of procedure: Medium to good.

Severity of condition:  **Difficulty of surgery:** 



The right tools for the job...

Discover the equipment used by brain surgeons



© Marvin1012009

Guglielmi detachable coil

These platinum wires are fed into small aneurysms (enlarged arteries) within the brain via an artery in the groin. Once coiled up inside the aneurysm sac, they stop blood flow and thus prevent bleeding.



Surgical microclamps

These small clamps can be used to grab tumours to help the surgeon dissect them away from surrounding structures.



High-performance microscope

These powerful microscopes with bright lights enable surgeons to operate through tiny incisions or keyholes, which prevents damage to those important surrounding structures.

help brain surgeons get to the hard-to-access places, which previously would have been inaccessible. Special scanning cameras and computers are used during the operation and are matched to a pre-existing scan to guide the surgeon's hand – much like the satellite navigation systems used by drivers. Neuro-endoscopy, which involves the use of tiny cameras to access the brain, is opening up many new opportunities in brain surgery. Incredibly, it's possible to access the brain via a tiny cut in the back of the nose, too.

The brain is the network hub of the human body, co-ordinating all of the sensations we feel and then providing instructions for the complex movements we perform. Although it receives all of the pain signals from the body, the brain itself doesn't have pain receptors. This means that there is potential for

neurosurgery to be carried out with the patient awake. However, there are pain receptors in the skin, muscles and linings that surround the brain, so it certainly isn't for everyone and it isn't performed everywhere.

Incredibly, there are bits of your brain that you can survive without – and you might not even notice any difference. It really depends on which part of the brain is removed – if you were to remove even a small part of the brainstem, for example, you would die instantly. On the other hand, removing or cutting larger parts of the main brain can leave just a few effects, such as memory problems. However, these discoveries were often made at the peril of surgeons operating and experimenting on patients in years gone by, which are now lessons confined to the history books.

Insertion of an electrode during surgery for Parkinson's disease



© Thomasbg

Cutting-edge technology

The movement of water is picked up by modern MRI diffusion techniques

Removing brain tumours is all in the planning. Actually taking them out is easy – leaving in what's important is what's hard. Knowing precisely where to cut is the difference between a good and a bad functional outcome for the patient. Especially in young people, having good physical skills and memories is just as important as staying alive. CT scans use multiple x-rays to build up pictures and are good at looking for bleeding. MRI scans use magnets and change the directions of the atoms within cells; these are best at looking for tumours. The latest technology fuses MRI with high-powered computers to build up 3D models of individual nerve fibres, based upon the direction of movement of water within these fibres – diffusion MRI.

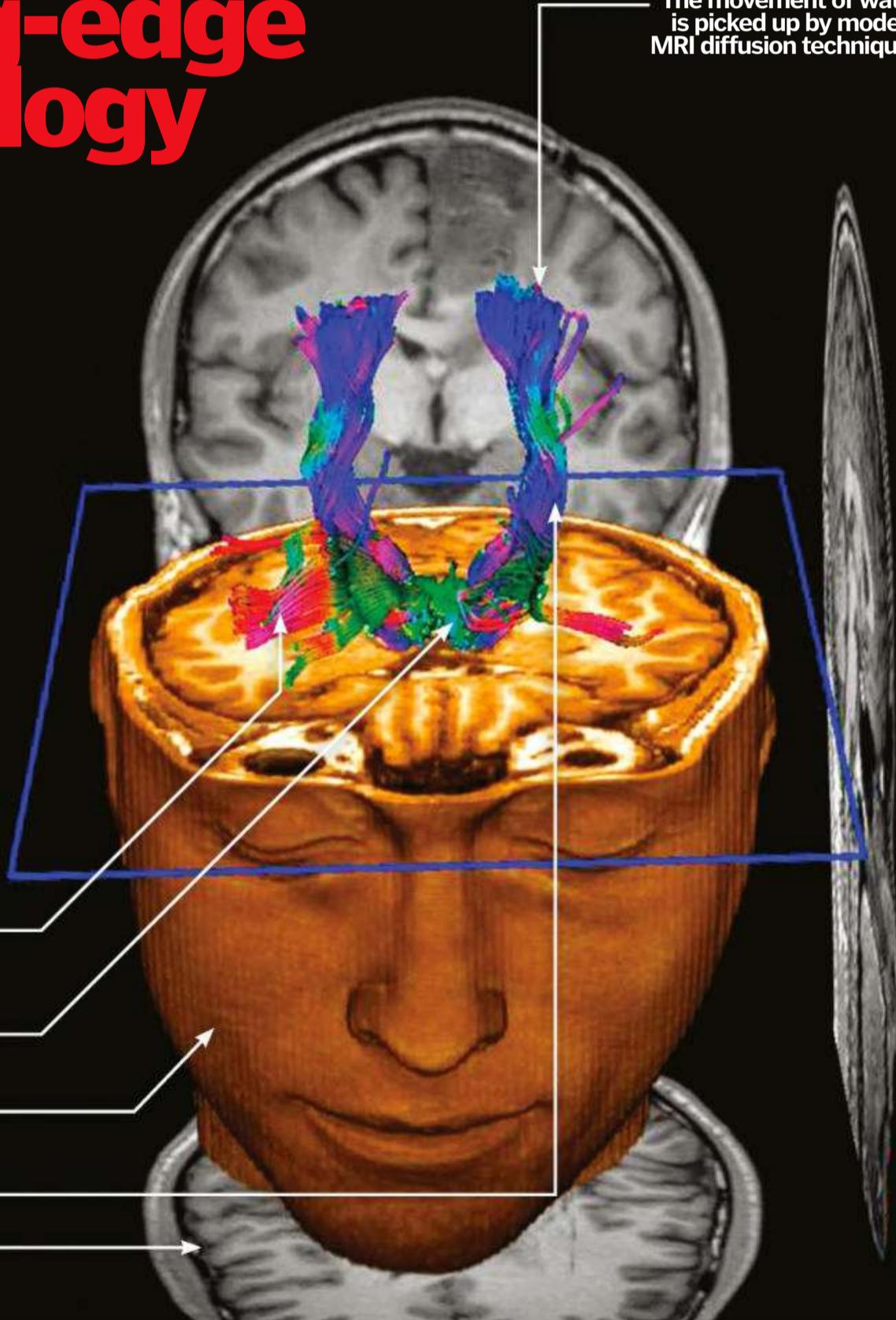
This brain tumour needs to be removed

A roadmap of the direction of nerve fibres is created

3D reconstruction helps the surgeon plan a route

Healthy fibres can be avoided

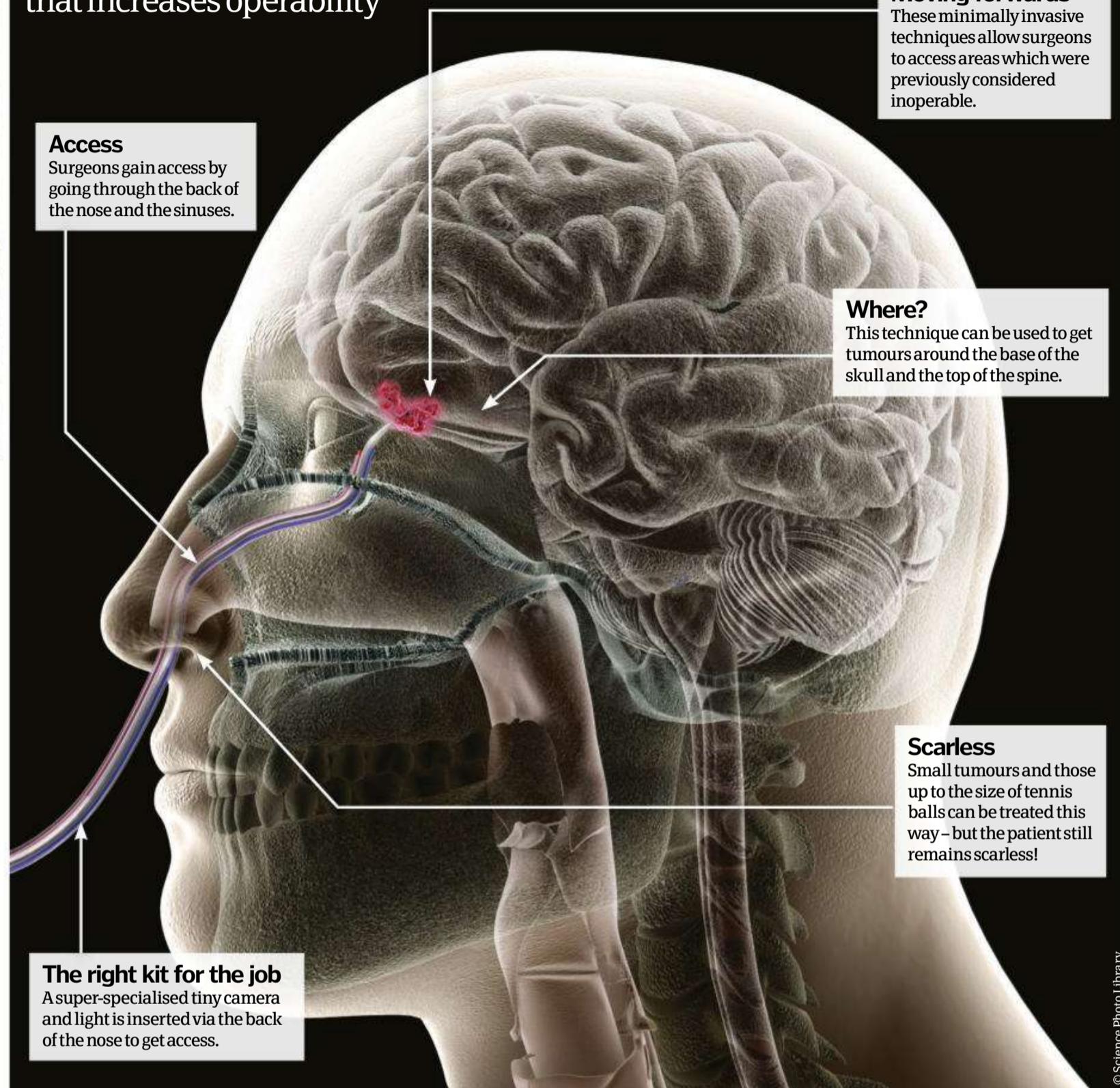
Conventional MRI images



© Science Photo Library

Transnasal brain surgery

A breakthrough technique that increases operability



Time critical!

A haemorrhage needs urgent attention to save a life

Clot

A blood vessel has broken, forming a clot (haematoma).

Under pressure

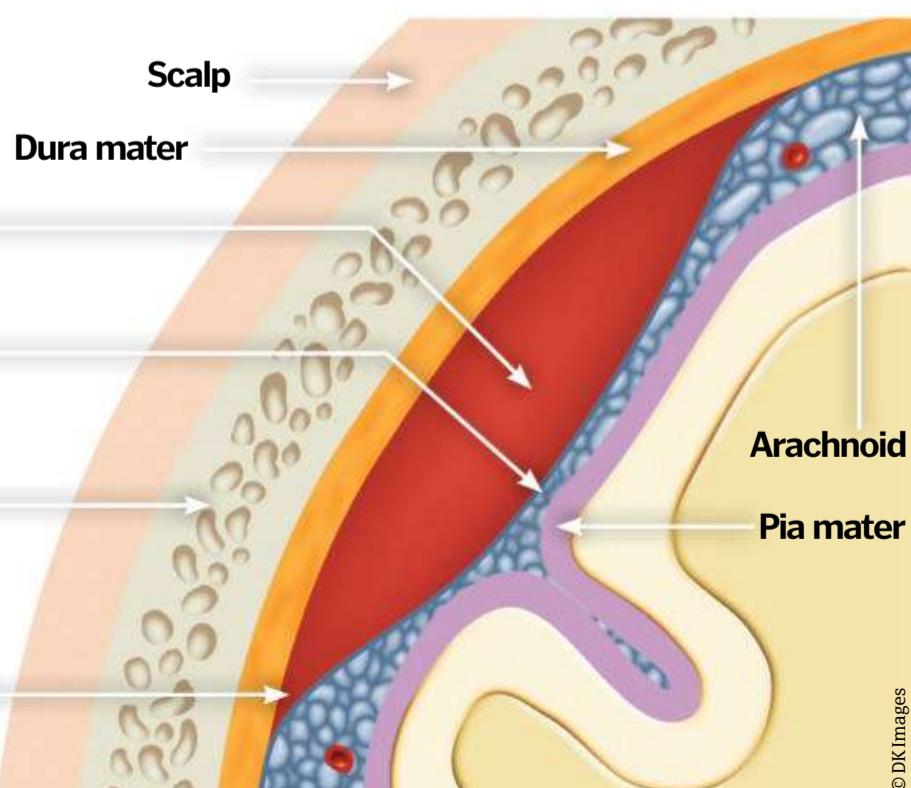
The clot is causing increased pressure within the skull, squeezing the brain.

Skull

Since the skull is rigid, the brain is forced downwards towards the only exit – into the spinal column. This rapidly leads to death unless treated, as it damages the vital brainstem.

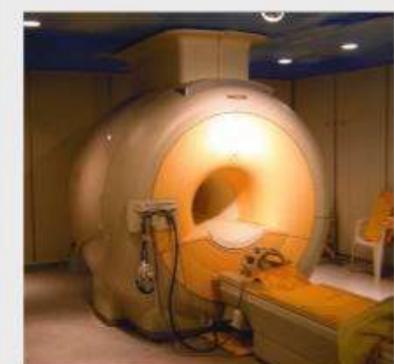
Life-saving

In true life-saving surgery, a surgeon will cut away a small piece of skull (craniotomy), clear away the clot and stop the bleeding.



The right tools for the job...

Discover the equipment used by brain surgeons



Navigation systems

This computer system merges pre-operative CT and MRI scans with intra-operative information gathered from lasers and infrared. The result is a 'map', which surgeons use to navigate to difficult-to-find tumours.



Burr-hole drill

Although not used much any more in the Western world, a drill is used to evacuate blood clots which form around the brain following accidents. They are still used in some parts of the world.



Haemostat

A vital surgical tool, a haemostat is a scissor-shaped device used to control bleeding. They are locked in place via a series of interlocking teeth, which can be varied according to the amount of pressure needed.



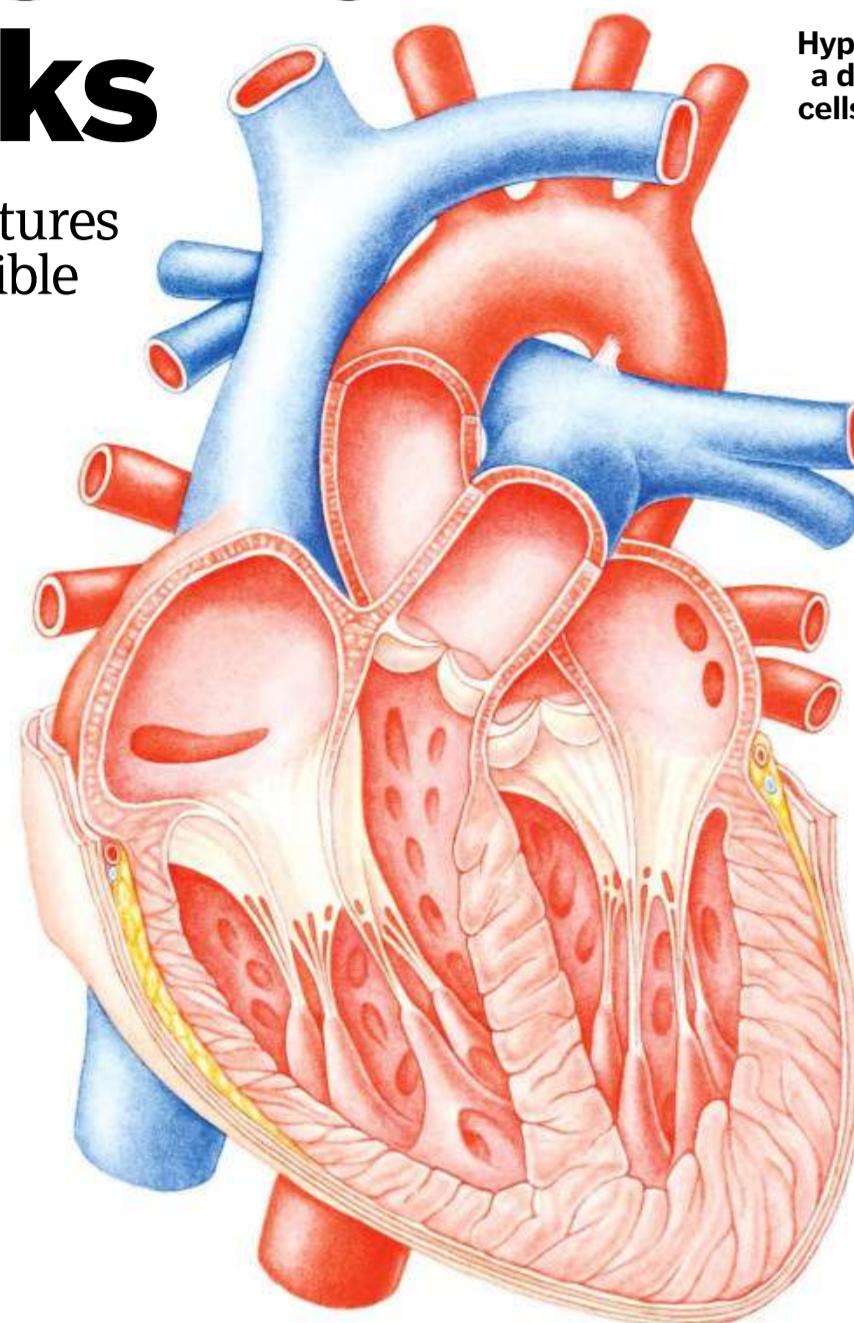
How hypothermic surgery works

Cooling the body to extreme temperatures makes cutting-edge procedures possible

During cardiac surgery, the heart will sometimes need to be stopped to allow surgeons to perform delicate procedures, such as replacing valves. If left uncorrected, the subsequent lack of oxygen supply would lead to brain damage within minutes. Cardiopulmonary bypass can overcome most of these effects, although it is technically not possible in all patients.

Hypothermic cardiac surgery can now be used to overcome these limitations. The body is cooled from its normal 37 degrees Celsius (98.6 degrees Fahrenheit) to as low as 24 degrees Celsius (75.2 degrees Fahrenheit). Cold saline solutions are infused into the bloodstream via the major vessels and the heart is surrounded by ice. This stabilises cell membranes and reduces the metabolic rate. Once cool enough, the heart is stopped using a potassium-rich solution. In this reduced oxygen-dependent state, the body can temporarily survive without the heart beating.

When surgery is completed, the potassium solution is rinsed out and the body re-warmed before the heart is restarted. Hypothermic cooling isn't without its risks, though; there is a chance that once a procedure is finished and the body re-warmed, the heart might not restart.



Super-cold surgery step-by-step

Hypothermic surgery requires a deep understanding of how cells work at a molecular level

1. Cooling

Using cold saline solutions infused into the circulation and ice placed around the heart, the body's core temperature is reduced.

2. Cardioplegia

A potassium-rich solution is used to paralyse the heart muscles – a process known as cardioplegia.

3. Cell membrane

The cold temperature stabilises ion transfer across cell membranes in the body, protecting them from the low-oxygen state.

4. Warming up

Once surgery is done, the body is re-warmed slowly. The cells start to re-function as oxygen returns to them.

5. Jump-start

The crucial moment comes when defibrillators are placed against the heart's muscular wall and an electrical current is used to shock it back to a beating state.

What are probiotic bacteria?

Not all bacteria are harmful, with some even bringing benefits to the human body

Contrary to almost a hundred years of bacteria being treated as something that must be eradicated – typically by using antibiotics – modern evidence has demonstrated that actually many bacteria are essential to humans and our daily functions.

The combination of these bacteria, which can be found throughout the body, is referred to as the human microbiome – encompassing all manner of microbes and their genetic elements. One notable example of these tiny organisms is *Lactobacillus*, a genus common

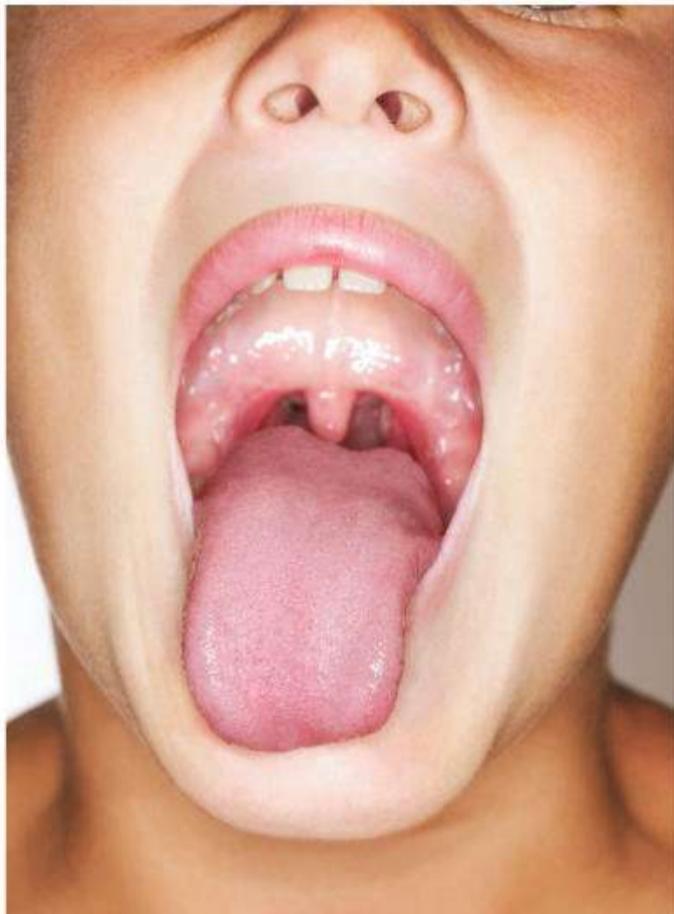
in the human gastrointestinal tract known to produce a lactic acid environment that inhibits growth of some harmful bacteria. There are also various strains of *Bifidobacterium*, which aid the decomposition of carbohydrates and proteins.

Importantly, while research has confirmed many members of the microbiome do indeed aid bodily functions, additions included in probiotic foods – such as popular sweet yoghurt drinks – are yet to have their advertised benefits ratified by official bodies like the European Food Safety Authority (EFSA).



What are tonsils for?

What purpose do these fleshy lumps in the back of our throats serve?

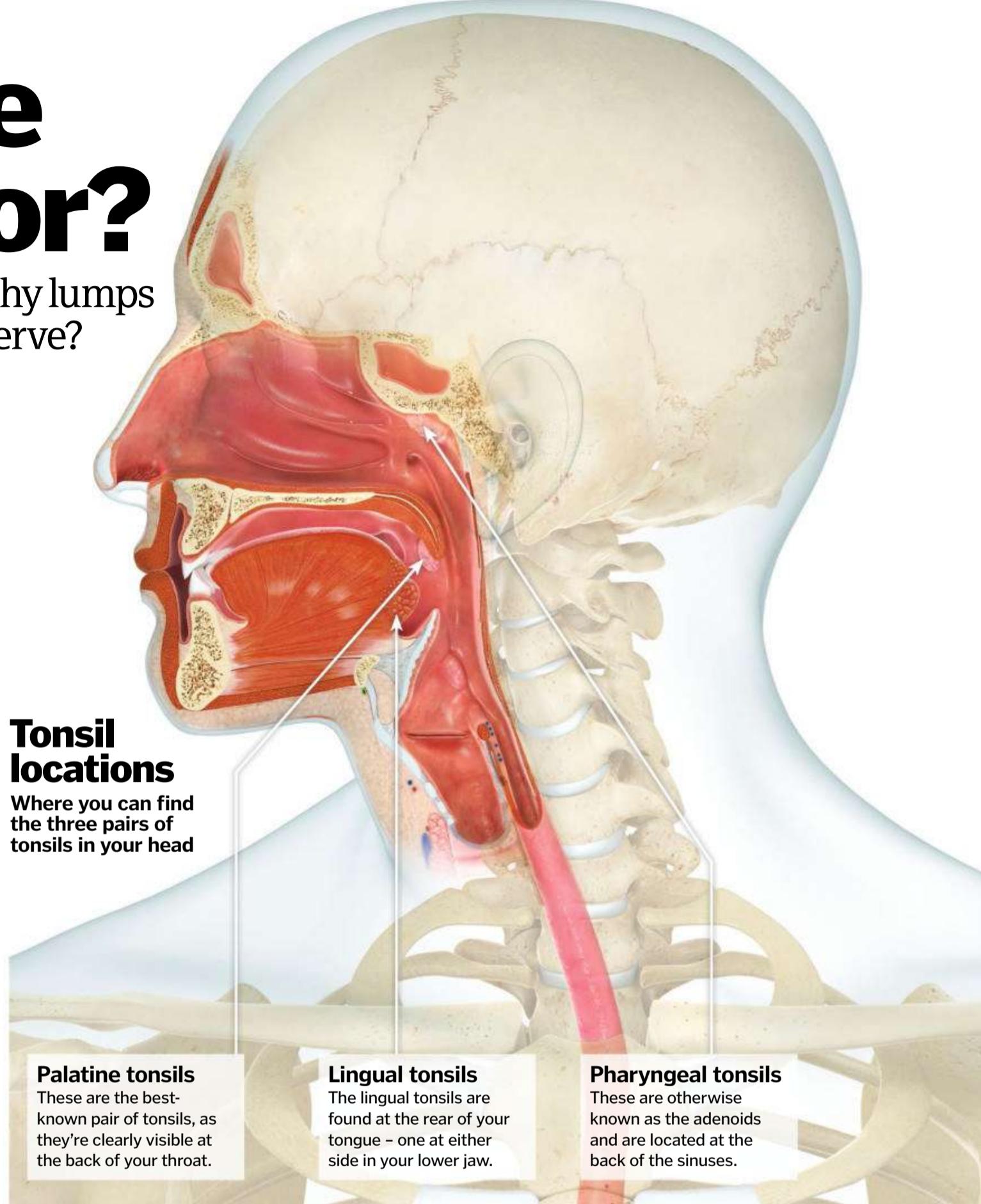


Tonsils are the small masses of flesh found in pairs at the back of the throats of many mammals. In humans the word is actually used to describe three sets of this spongy lymphatic tissue: the lingual tonsils, the pharyngeal tonsils and the more commonly recognised palatine tonsils.

The palatine tonsils are the oval bits that hang down from either side at the back of your throat – you can see them if you open your mouth wide in the mirror. Although the full purpose of the palatine tonsils isn't yet understood, because they produce antibodies and because of their prominent position in the throat, they're thought to be the first line of defence against potential infection in both the respiratory and digestive tracts.

The pharyngeal tonsils are also known as the adenoids. These are found tucked away in the nasal pharynx and serve a similar purpose to the palatine tonsils but shrink in adulthood.

Finally, the lingual tonsils are found at the back of the tongue towards the root where it attaches and, if you poke your tongue right out, you should be able to spot them. These are drained very efficiently by mucous glands and, as a result, they very rarely get infected.



Lots of bed rest, fluids and pain relief like paracetamol are all recommended for treating tonsillitis

Tonsillitis in focus

Tonsillitis is usually caused by certain bacteria (eg group A beta-haemolytic streptococci) and sometimes viral infections that result in a sore and swollen throat, a fever, white spots at the back of the throat and difficulty swallowing. Usually rest and a course of antibiotics will see it off, but occasionally the infection is very severe and can potentially cause serious problems, or reoccurs very frequently. In these cases a tonsillectomy may be considered – a surgical procedure where the tonsils are removed.

The adenoids are less commonly infected but, when they are, they become inflamed and swell to obstruct breathing through the nose and interfere with drainage from the sinuses, which can lead to further infections. In younger people, constant breathing through the mouth can stress the facial bones and cause deformities as they grow, which is why children will sometimes have their adenoid glands removed.



Secrets of stem cells

Meet the miracle cells that might just revolutionise medicine

Stem cells are cells with the unique potential to become multiple different types of cell within the body.

Most of your cells are equipped to accomplish a specific job, whether carrying oxygen in your blood or transmitting messages to and from your brain. These specialists are known as differentiated cells.

Stem cells, on the other hand, have the flexibility to specialise into a variety of cell types. And unlike most differentiated cells, they can replicate many times, giving rise to both more stem cells and to specialised cells.

The most versatile stem cells are found in embryos just a week old. Embryonic stem cells (ESCs) transform the embryo from a tiny ball of unspecialised cells into a baby, generating all of the 250-odd cell types in the human body. A biological blank slate, their vast – and highly coveted – potential is known as pluripotency.

After birth, stem cells continue to play a vital role as your body's maintenance and repair kit, taking up residence in tissues such as the brain, bone marrow, liver, heart muscles, skin and gut. Adult stem cells are less flexible than their embryonic

counterparts, generating a more limited range of cell types. The haematopoietic stem cells found in bone marrow, for example, are dedicated solely to producing blood cells.

When it comes to researching stem cells and the therapies that rely on them, getting hold of these cells is a major obstacle. ESCs are taken from donated embryos from IVF procedures, but this stirs up thorny ethical issues.

Although challenging to work with, adult stem cells dodge some of these ethical quandaries, leading many to store their offspring's stem cell-rich umbilical cord blood. Furthermore, tissues that have been generated from a patient's own stem cells don't risk rejection by their immune system.



Coloured SEM of a human embryo at the 16-cell stage on the tip of a pin. Embryonic stem cells are the most flexible, able to form into all three primary germ layers: ectoderm, endoderm and mesoderm

Stem cell milestones

It's still early days, but stem cells show every intention of keeping their promises. Pioneering surgeon Paolo Macchiarini, based at Sweden's Karolinska Institute, carried out the first organ transplant using a windpipe grown from adult stem cells in 2008. Since then, he has built new tracheas for several patients using a synthetic scaffold.

Research into therapy for type-1 diabetes has also made impressive progress. Sufferers' lymphocytes (a key part of the body's immune system) attack the pancreas, preventing the production of insulin. Exposing them to healthy lymphocytes grown from cord blood stem cells, however, appears to 're-educate' them, limiting their harmful behaviour.

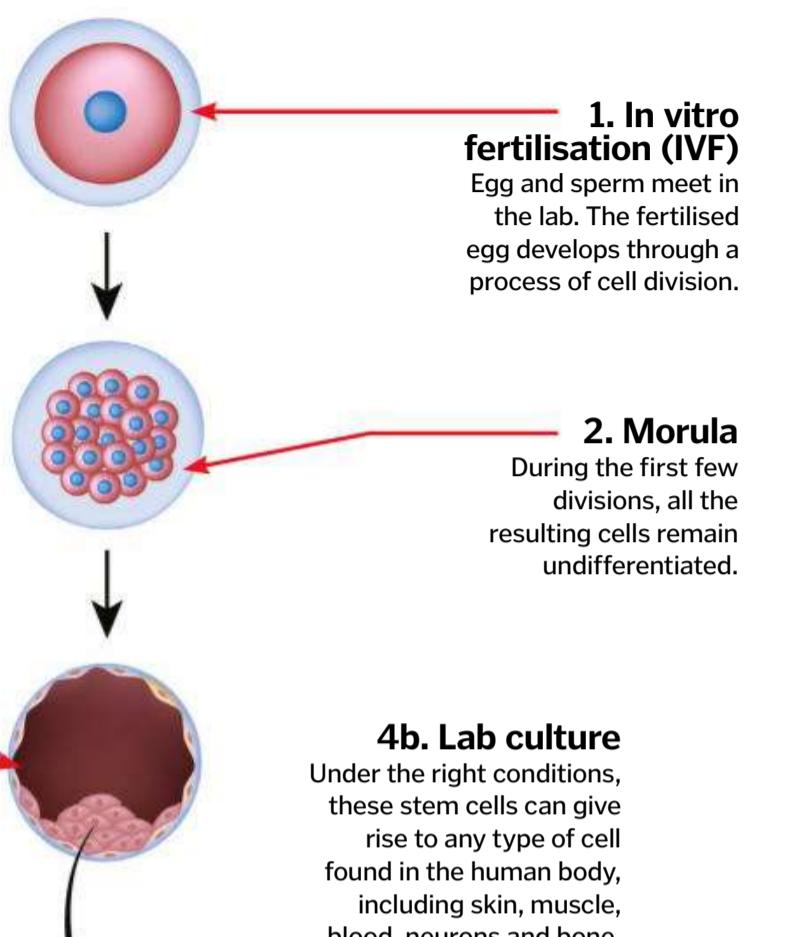
Induced pluripotent stem cells (otherwise known as iPSCs) obtained by manipulating mature specialised cells could well resolve the ethical controversy which currently restricts embryonic stem cell research.

What can ESCs be used for?

Inside an unassuming bundle of embryonic stem cells lies a great deal of medical potential...

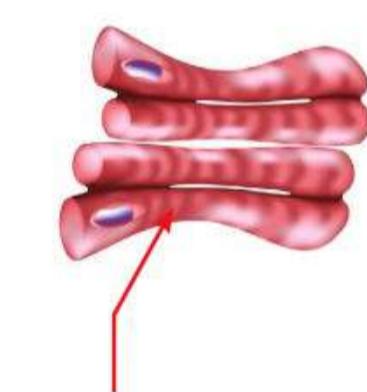
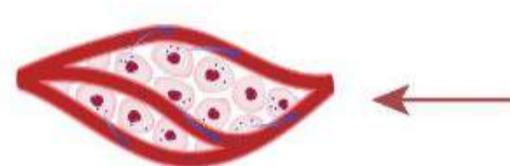
3. Blastocyst

A week after fertilisation, embryonic stem cells can be extracted from the early-stage embryo.



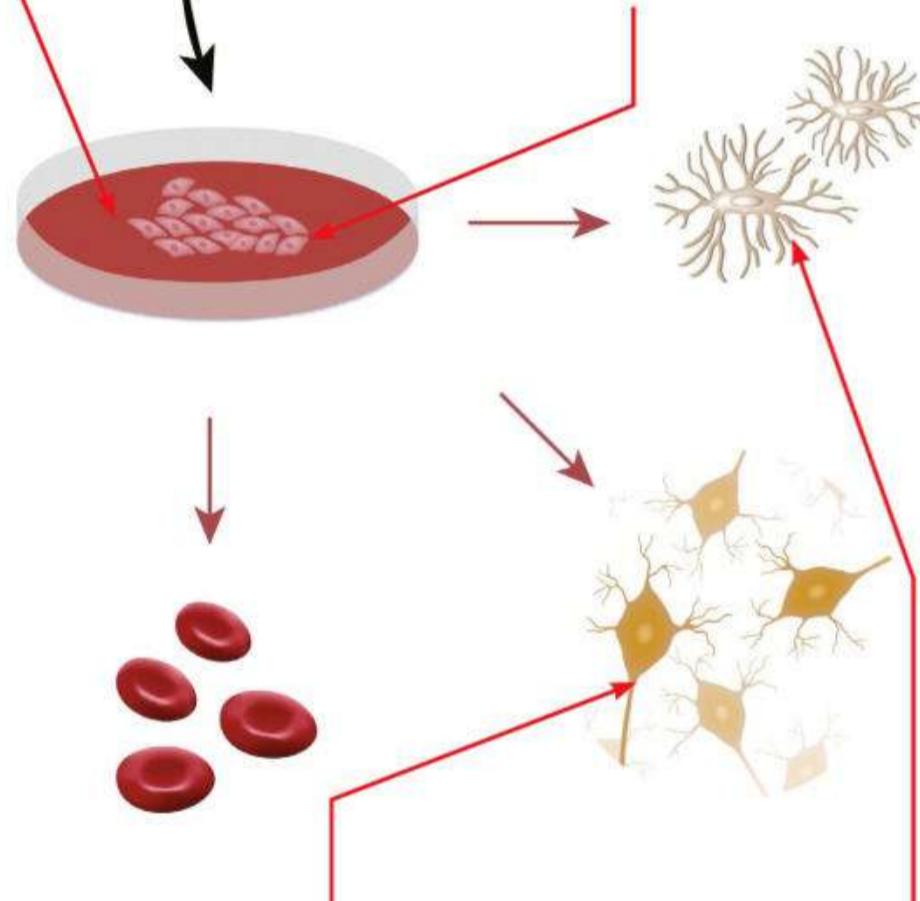
4a. Differentiation

By altering the cells' genetic material or their environment, scientists are able to manipulate cell differentiation.



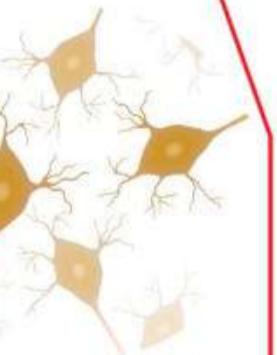
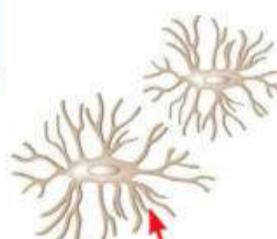
5a. Muscle cells

Scientists believe muscle cells grown from stem cells could slow the progress of muscular dystrophy and even repair damaged hearts.



4b. Lab culture

Under the right conditions, these stem cells can give rise to any type of cell found in the human body, including skin, muscle, blood, neurons and bone.



5b. Neurons

Healthy brain cells grown in the lab could treat Parkinson's, multiple sclerosis and spinal injuries.

5c. Bone grafts

Embryonic stem cells could be used to grow bone grafts which may eventually help patients with breaks, fractures or birth defects.

Professor of Stem Cell Science



Newcastle Uni's Majlinda Lako discusses super cells

What's left to learn about stem cells?

We know that stem cells are present at all stages of our life. Stem cells found in early embryos have the potential to become different types of cell, while adult stem cells are more specific.

The questions we are trying to answer are: can we identify all stem cells? Can we grow them in large numbers in the lab? Can we make them give rise to any cells we wish? Can we use stem cells to treat cancer, ageing and degenerative diseases?

Does every multicellular organism have stem cells?

Yes. In mammals, there are two main types of stem cells: embryonic, which are generated from early embryos, and adult, which are found in various tissues and contribute to the repair and replenishment of our tissues. For a long time it was thought that once the stem cells changed to form the various cells that make up our organs, it was impossible to make them revert back to the initial stem cell state. However, the Nobel prize winner Shinya Yamanaka reported in 2006 that adult cells can be turned back to the embryonic stage by simple genetic manipulation.

Who first discovered stem cells?

The concept of stem cells was first mentioned by Valentin Haecker and Theodor Boveri in the 19th century. In parallel, Artur Pappenheim, Alexander Maksimov, Ernst Neumann and others used it to describe a proposed origin of the blood system. As the field progressed, the term 'stem cell' has been used to describe the capacity of stem cells for self-renewal as well as the ability to give rise to all cell types that make up our bodies.

Do stem cells have to be prompted in some way to repair the body?

Adult stem cells need prompting if a quick repair is needed, and we can achieve this in the lab. Stem cell prompting in the body is a bit more tricky, but can occur in response to specific stress or injuries.

Stem cells to the rescue

Allowing researchers to watch cell specialisation unfold before their eyes, stem cells deliver unprecedented insight into many diseases and birth defects. Stem cells share many traits with cancer cells and could therefore reveal some of their secrets; some speculate that cancer may even be driven by out-of-control stem cells.

Many future treatments aim to harness stem cells' regenerative properties. Healthy cell and tissue transplants could patch up patients with a variety of different complaints, from diabetes to

Parkinson's. Trials suggest, for instance, that injecting failing hearts with stem cells could grant them a new lease of life.

Tissues made from stem cells may also enable new medications to be tested on human cells in the early stages of drug development. One day, entire organs might be grown in the lab from patients' own stem cells, dramatically cutting waiting lists for organ donors. In the meantime, scientists need plenty more time to research the finer details of controlling cell differentiation.



Colour blindness

Why do some people have trouble distinguishing between colours?

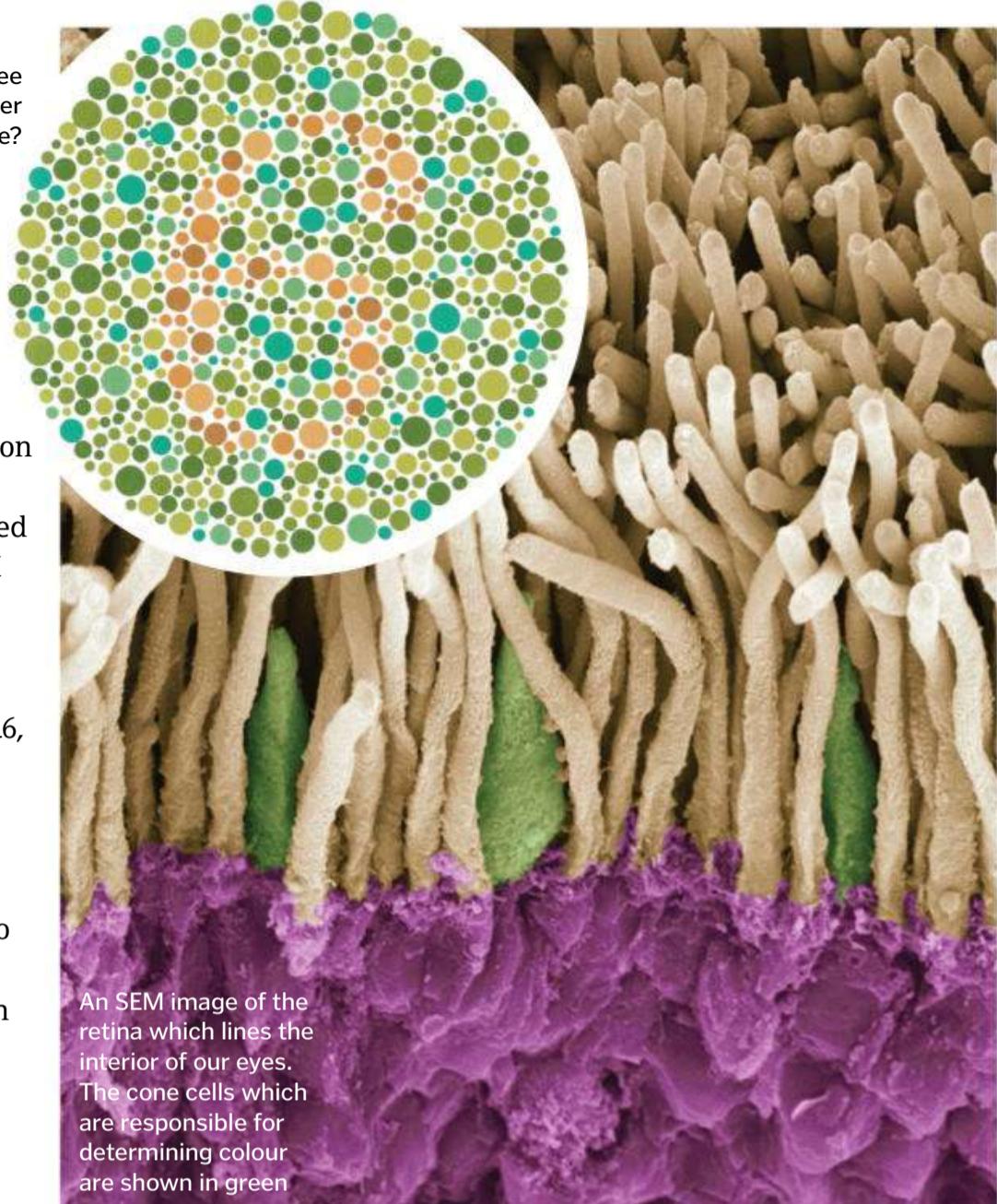
The human eye has three types of light-detecting cone cells, which contain pigments sensitive to different wavelengths of light: long (red), medium (green) and short (blue). The differences in the overlapping signals from all three are used by the brain to perceive colour.

Colour blindness occurs when one or more of the cone cells do not work properly. The most common form of colour blindness (which accounts for over 95 per cent of cases) affects perception of light at longer wavelengths, leading to difficulty distinguishing between red and green. Yellow-blue colour blindness occurs occasionally, and a few people can't see any colour at all.

Colour blindness is more common in men than in women. This is because many of the genes involved in colour vision are found on the X chromosome. For a male (46, XY) a defect on his only X chromosome is sufficient to cause colour blindness, whereas for a female (46, XX) both X chromosomes must be defective – this latter scenario occurs much less frequently.

Research has shown that individuals unable to use colour to differentiate between objects develop superior visual skills with regard to identifying texture and shape. This enables them to see 'through' colour camouflage in a way that people with normal three-colour vision cannot.

Can you see the number hidden here?



What causes stomach ulcers?

Originally thought to be the result of stress, we now know that bacteria are the culprits...

Normally a thick layer of alkaline mucus effectively protects the cells lining the stomach from the low pH of stomach acid. If this mucus becomes disrupted, however, acid comes into contact with the organ's lining, damaging the cells and resulting in an ulcer.

Around 60 per cent of stomach ulcers are caused by inflammation due to chronic infection by the bacterium *Helicobacter pylori*. Bacterial by-products cause damage to the cells lining the stomach, causing a breakdown of the top layers of tissue.

Non-steroidal anti-inflammatory drugs (NSAIDs), like ibuprofen and aspirin, also cause stomach ulcers in large doses. They disrupt the enzymes responsible for mucus production, diminishing the protective barrier.

An ulcer in the making

Once bacteria breach the stomach lining, it can no longer protect itself from its acidic contents...

Neutralising stomach acid

H. pylori break down urea to make ammonia. This is used to produce bicarbonate to neutralise dangerous stomach acid.

Ammonia

The ammonia made by the bacteria as a defence against acid damages the cells lining the stomach, causing inflammation.

Enzymes

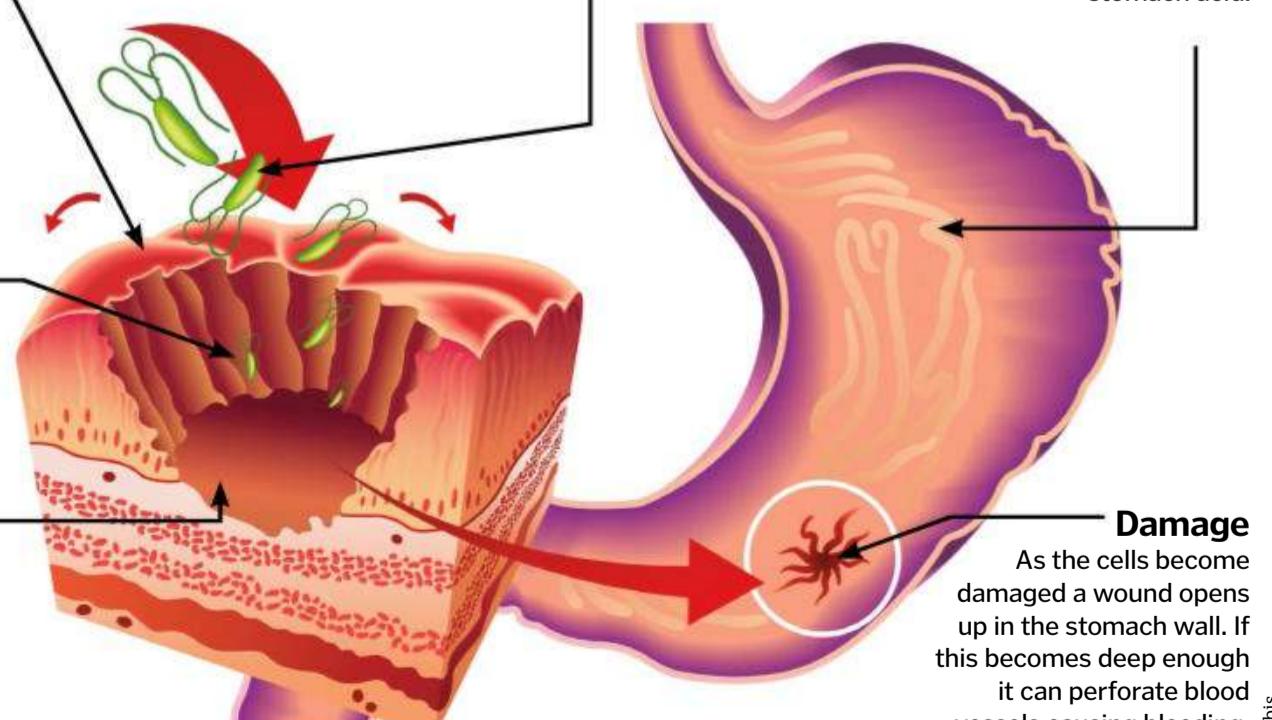
H. pylori produce proteases and phospholipases – enzymes that damage the proteins and cell membranes of the stomach cells.

Helicobacter pylori

Bacteria burrow through the mucus in the stomach to escape damage by acid. They stick strongly to the cells of the interior lining.

Gastrin

The inflammatory response increases production of the hormone gastrin. This in turn stimulates the formation of more stomach acid.



Understanding chickenpox

Discover the biology behind the infamous childhood ailment and why it never really goes away...

Chickenpox is a strain of the Varicella zoster virus, which many of us have experienced during our youth. Most prominent in children under ten, the virus is contracted through coughing and sneezing or transferred on shared objects, which makes schools a prime location.

The most famous symptom is the appearance of small itchy red spots, which vary in size from 10-20 millimetres (0.4-0.8 inches) across. The extent can vary but in most cases they cover the face, arms, legs, stomach and back. These develop into fluid-filled blisters and are often

accompanied by a fever. The blisters burst, scab over and fall off within a few days, but new waves of spots can emerge to replace them; it usually takes one to two weeks for the body to regain control. Chickenpox is rarely serious but it is important not to interfere with the scabs as infection can make it more severe.

A vaccine is only offered in extreme circumstances when an individual may have a weak immune system or be particularly vulnerable to the disease.

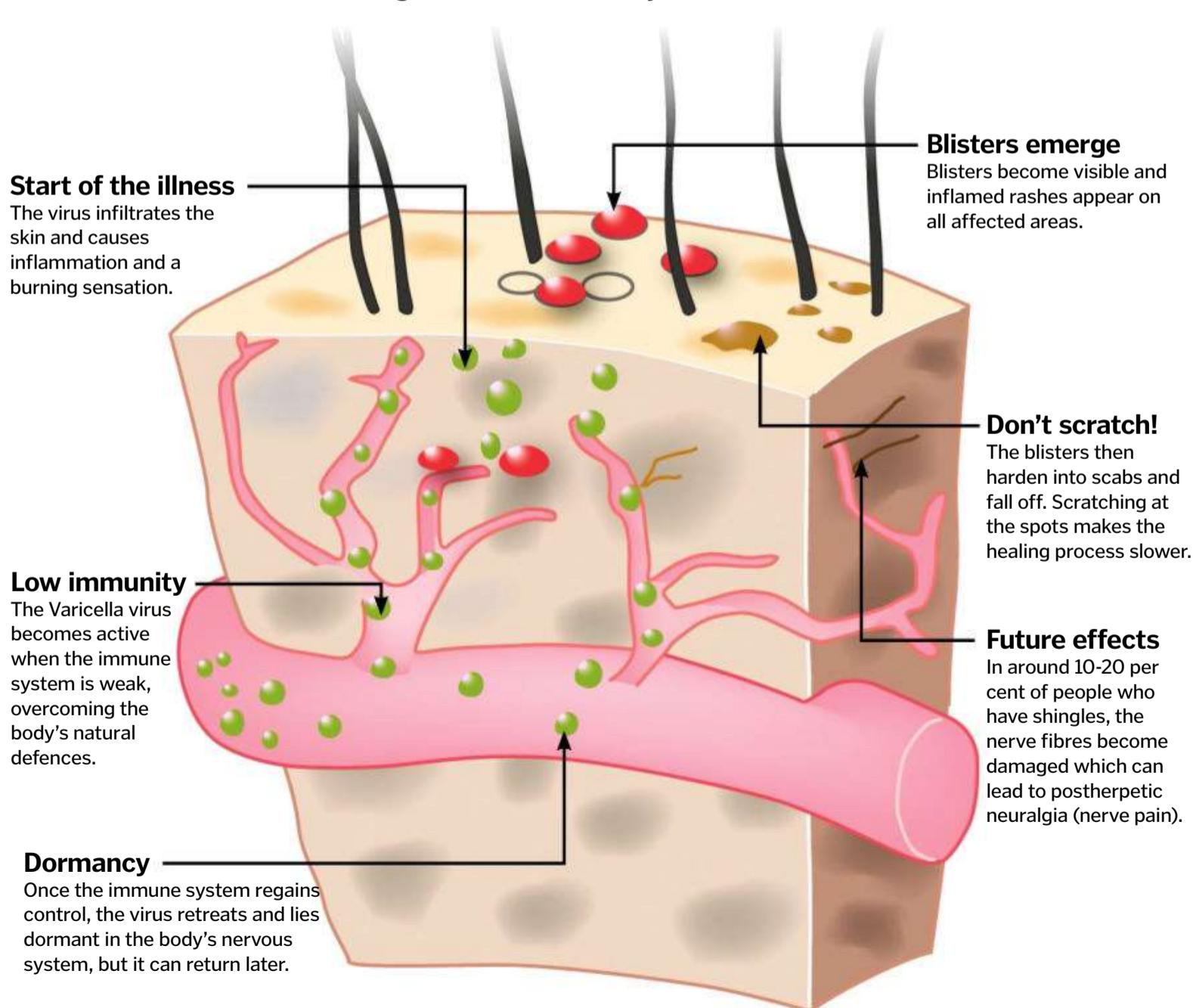
After the outbreak, chickenpox doesn't disappear entirely. The disease lies in a



dormant state within the body as your immune system keeps it under wraps. The infection can break out again later and reappear as shingles. A rash builds up on a certain point of the body and the symptoms return, most commonly in people over 50. On average, three in every 1,000 people contract shingles in the UK each year.

When chickenpox strikes back...

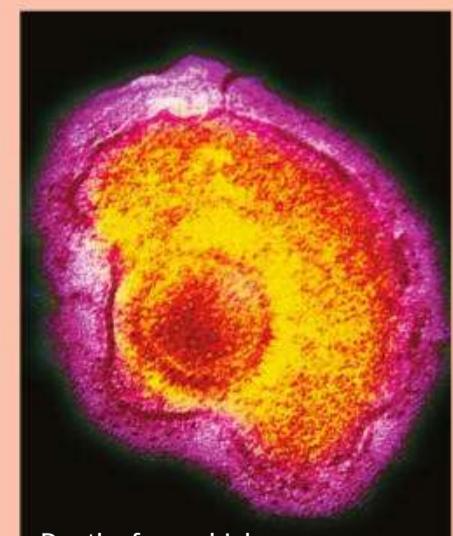
Get under the skin to see how shingles can catch the body unawares



Grown-up chickenpox

90 per cent of adults are immune if they've had the disease as a child but it still affects adults and teenagers. If you develop chickenpox at a later age, all the symptoms are more severe, with more chronic pain, headaches and sore throats; therefore, there is greater need for treatment, such as pain relief and soothing creams.

The disease tends to affect adults more dramatically as it can now mutate into a variety of other strains, such as shingles or, in extreme cases, lead to encephalitis, postherpetic neuralgia or pneumonia. However, the chances of this happening are only around ten per cent.



Deaths from chickenpox have reduced dramatically in the last 25 years



The war against superbugs

Learn how bacteria will hide, change, lie and cheat to evade antibiotics and secure their survival

Bacteria are vital to our survival. They help us digest food, keep our skin clean from more harmful organisms and help develop our advanced immunity while we're young. However, they can also cause disease, which ranges from simple eye infections to life-threatening illnesses.

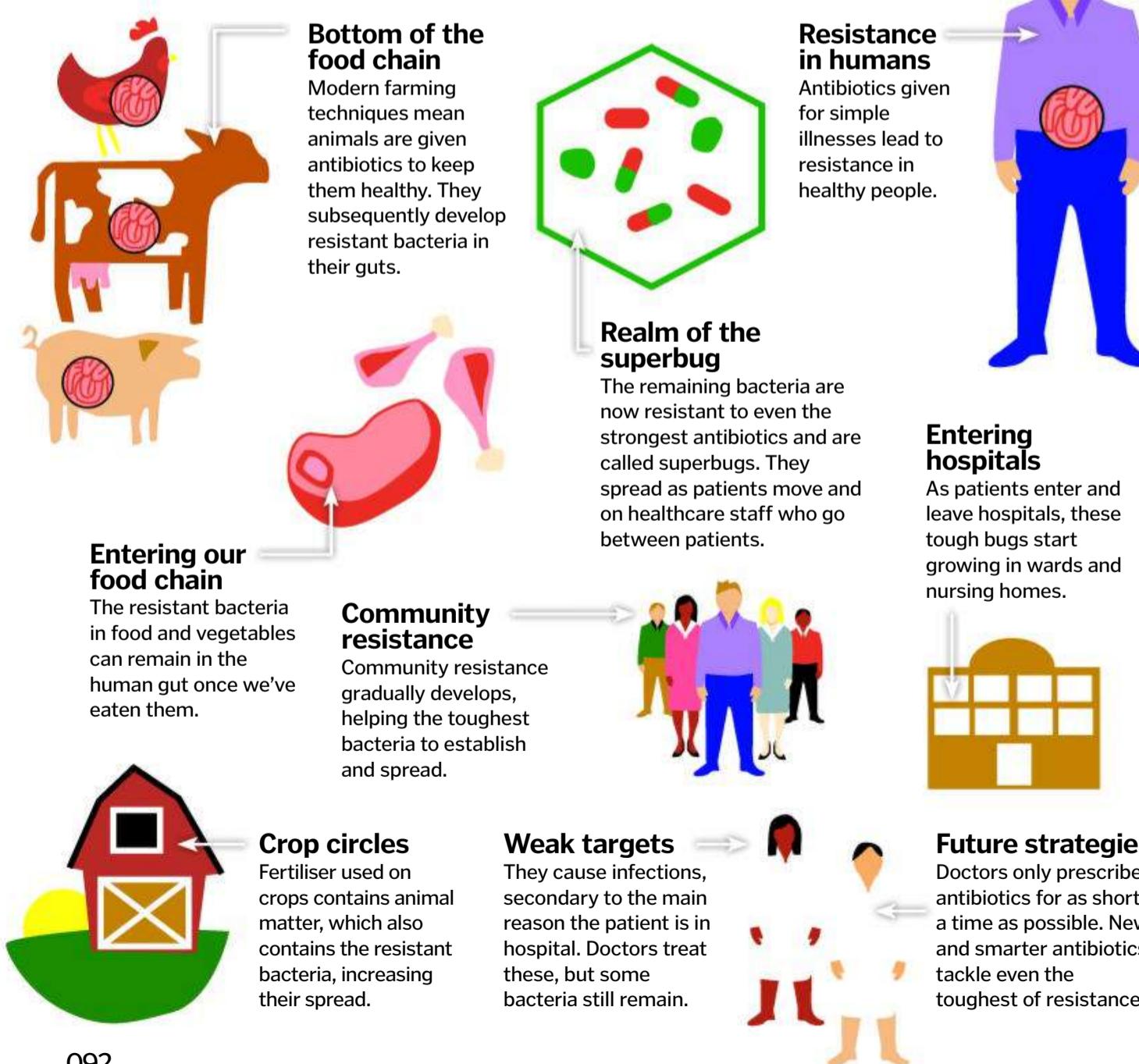
Antibiotics were discovered in 1928 and almost overnight they changed what were once fatal diseases into trivial infections. But despite effective medication, bacteria are smart and know how to fight back. They can change their shape, hide in plain sight and alter their surface appearance. After an attack from antibiotics,

the few bacteria left over are the strongest of the bunch and are resistant to the current crop of antibiotics; this is true survival of the fittest. The lasting bacteria then multiply, become stronger and are able to survive attacks from other antibiotics. This is known as 'multidrug resistance' and has led to certain bacteria being ominously called 'superbugs.'

Over the last 30 years, it's been stated that too many antibiotics have been prescribed, which has contributed to this resistance. This is why doctors no longer give antibiotics for simple colds; they have no effect on viruses but contribute to antibiotic resistance.

The revenge of the superbug

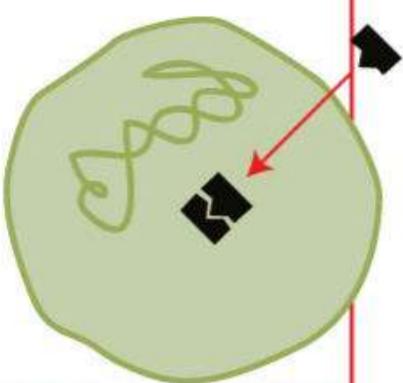
How the toughest bacteria are taking over



How antibiotic resistance develops

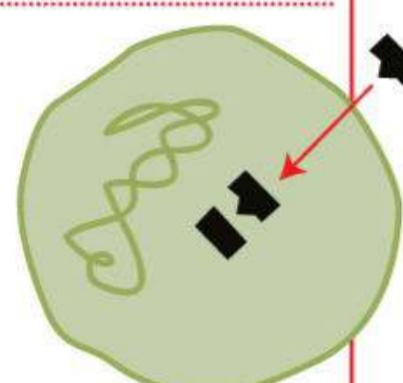
Normal function

Antibiotics target bacterial cells, by changing the signals of their outer wall, their membrane shape, impairing DNA function in the cell or by blocking protein synthesis.



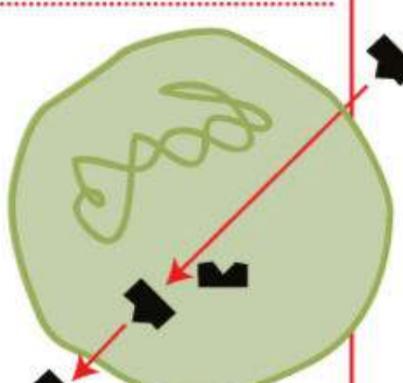
Changing the landing zone

Bacteria can change the shape and structure of the molecules that antibiotics target, meaning they can't recognise them and rendering them useless.



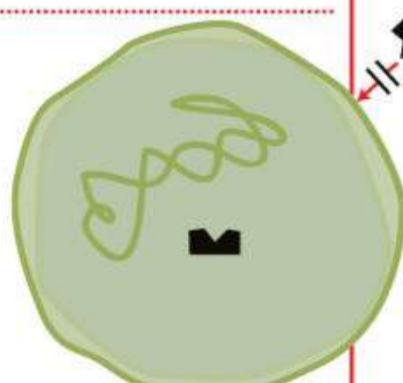
One in, one out

Antibiotics enter bacterial cells via special pumps. The bacteria can develop more exit than entry pumps, meaning the antibiotic is exited faster than it can enter.



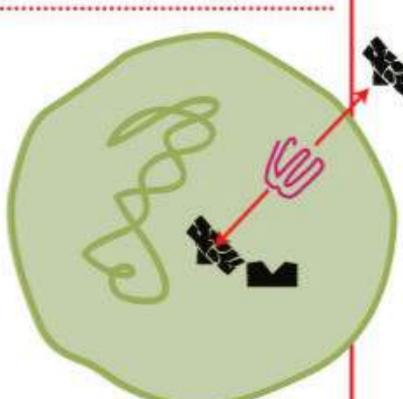
Entry policy

Bacteria can stop antibiotics entering: they can change the shape of entry pumps and reduce the size of pores in their surface, meaning the antibiotics are too large to enter.



Inactivation

The strongest bacteria develop special enzymes, which can destroy the key parts of an antibiotic before they have a chance to take effect.



Curing deafness

We're getting ever closer to restoring the gift of hearing

There are more than 250 million people in the world who suffer from hearing loss or deafness, but it seems there is hope for them now.

Humans are able to hear things thanks to thousands of tiny hairs just inside their ears that vibrate when sound waves hit them. Sensory hearing loss occurs when they die or become damaged, meaning that they are no longer able to perform that action. This usually happens when the ear has been subjected to loud noises or the hair no longer regrows, often due to old age or natural degeneration.

Fortunately, scientists have been working hard to reverse that process. A study by British scientists has found that there is a protein contained in the body called Notch that stops new ear hair cells growing from stem cells. They have developed a drug that blocks this protein, meaning the body can regrow those crucial ear hairs.

A second experiment carried out by the University of Kansas injected a harmless virus into the ears of patients, which had a gene called Atoh1 in it, which stimulated the growth of the sensory hairs.

While we are still an awfully long way from being able to cure deafness from birth, these developments mean that people who have steadily lost their hearing could soon have it back, as loud and clear as ever.

Help for hearing

While the prospect of regrowing sensory hair cells and curing deafness is really exciting, there have been ways of helping people hear for a long while now. Ear trumpets were used in the 17th century as a popular way of helping people hear as they provided a much wider area for the sound waves to get trapped in.

Nowadays, digital hearing aids are the norm. They are placed in the ear and a receiver registers the sound wave. A silicon chip then converts the sound waves into electrical signals, which are then released into the ear. They are basically just a way of capturing sounds the ear wouldn't have heard otherwise.

Failing that, cupping your hand behind your ear gives you an extra 12 decibels of sound, so you can try that as a small temporary boost if you're in a loud room!

Hearing loss can occur due to old age or damage to the ear

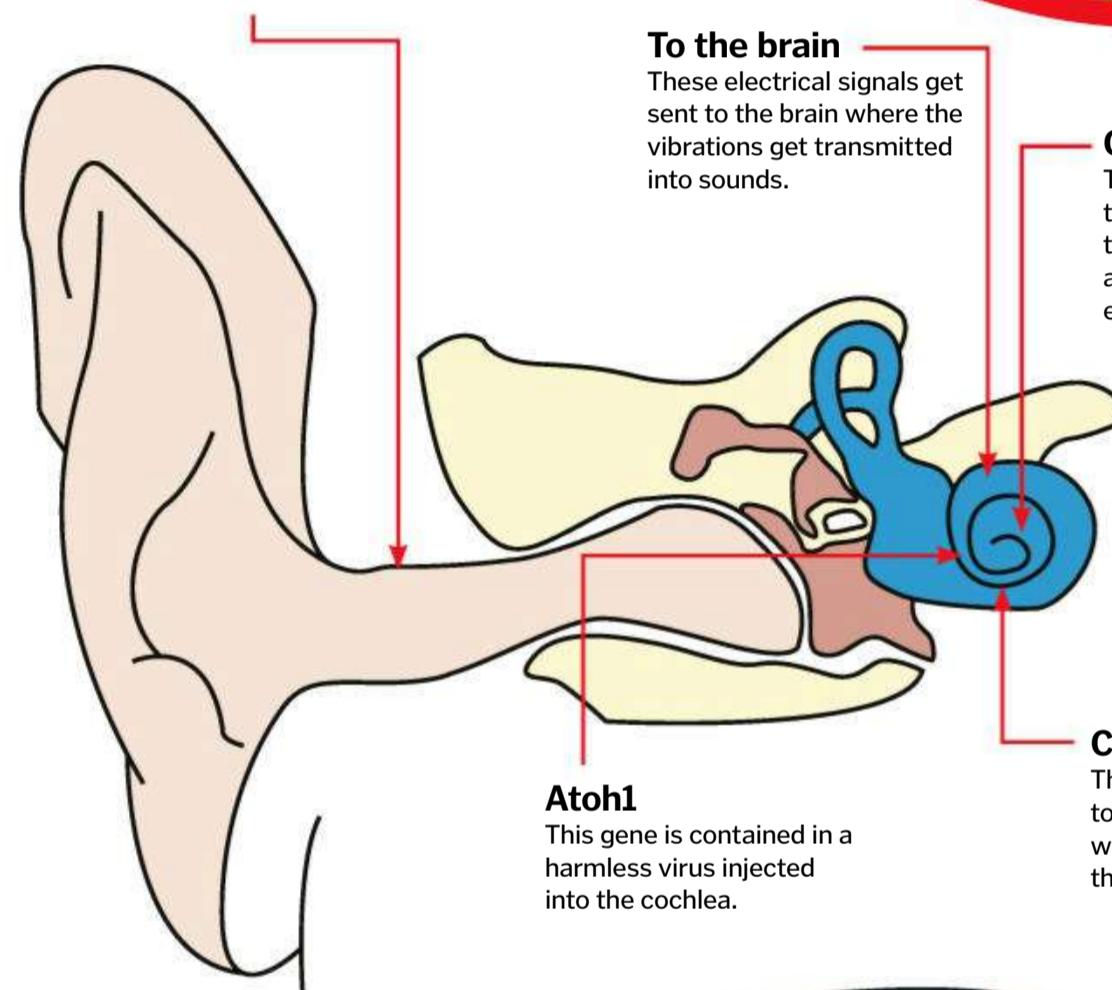


How ears work

How do our ears turn invisible waves into sound?

Making waves

Noise travels in waves, which enter the eardrum, either directly or guided there by the grooves in your ear.



To the brain

These electrical signals get sent to the brain where the vibrations get transmitted into sounds.

Organ of Corti

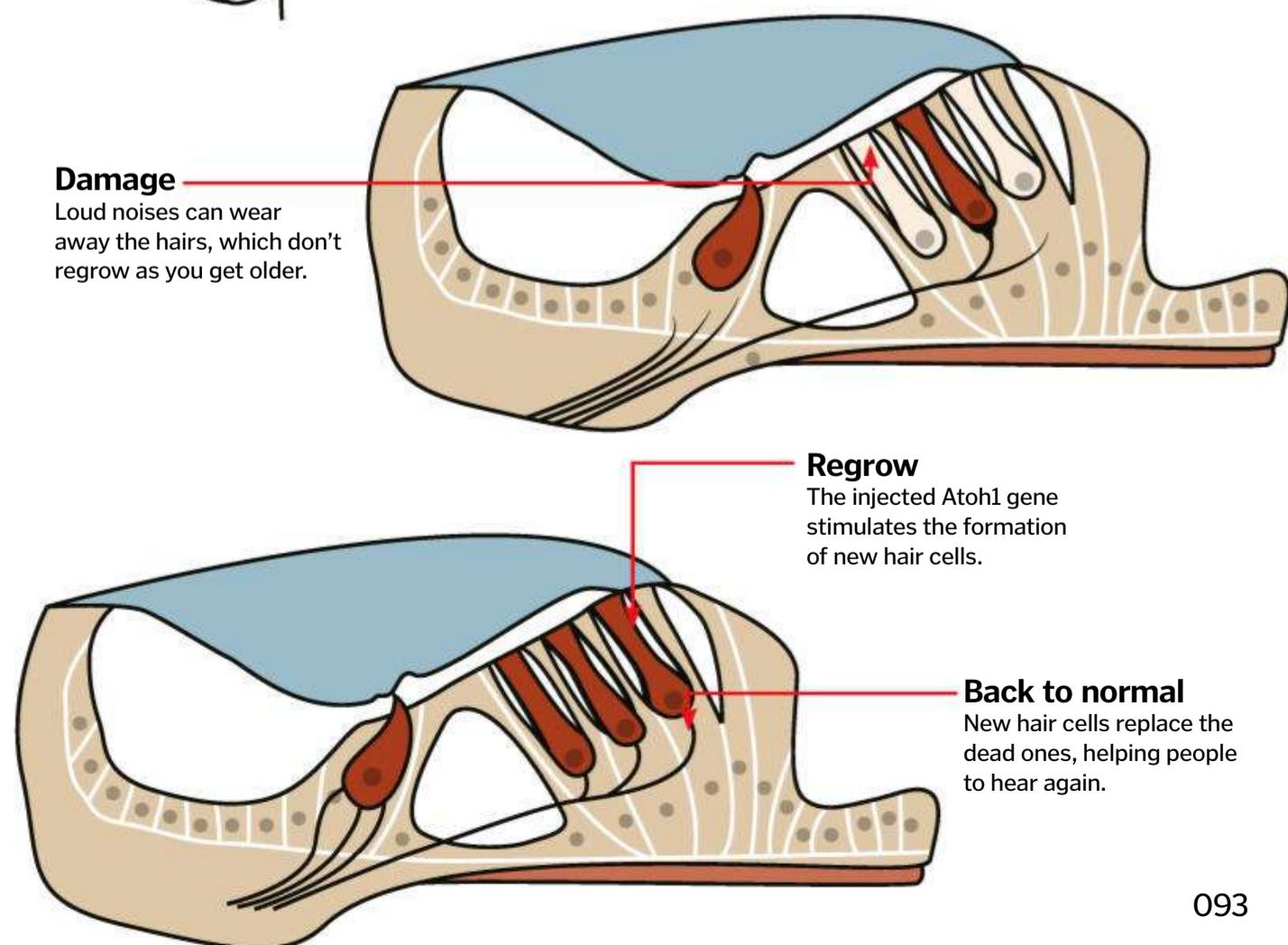
This tiny organ contains thousands of tiny hairs that sense the impulses and convert them into electrical signals.

Cochlea

The waves move to the cochlea where they enter the organ of Corti.

Damage

Loud noises can wear away the hairs, which don't regrow as you get older.



Regrow

The injected Atoh1 gene stimulates the formation of new hair cells.

Back to normal

New hair cells replace the dead ones, helping people to hear again.



Ebola virus

Discover how this deadly virus attacks the body and spreads between humans

The 2014 Ebola outbreak in West Africa caused thousands of deaths across Guinea, Liberia, and Sierra Leone, and led to many people feeling confused and scared about this infectious and often fatal disease.

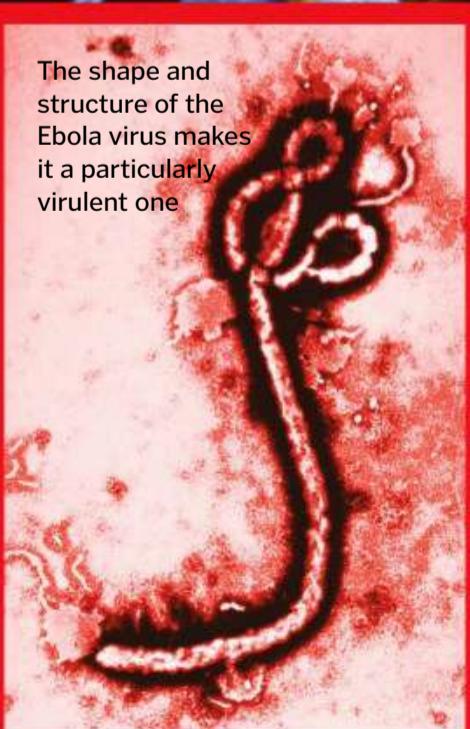
Ebola virus disease (EVD) is spread via contact with the blood, bodily fluids and organs of an infected person or animal. A person only becomes infectious once their symptoms start to show, which is usually two to 21 days after infection. The initial symptoms are a sudden onset of fever, fatigue, muscle pain, headache and sore throat, followed by vomiting, diarrhoea and rashes, eventually leading to impaired kidney and liver function, as well as internal and external bleeding.

There have been many outbreaks since the disease first appeared in 1976 – when it killed nearly 300 people in the Democratic Republic of Congo, then known as Zaire – but the most recent outbreak had the highest death toll due to it spreading to urban areas instead of being contained in rural villages.

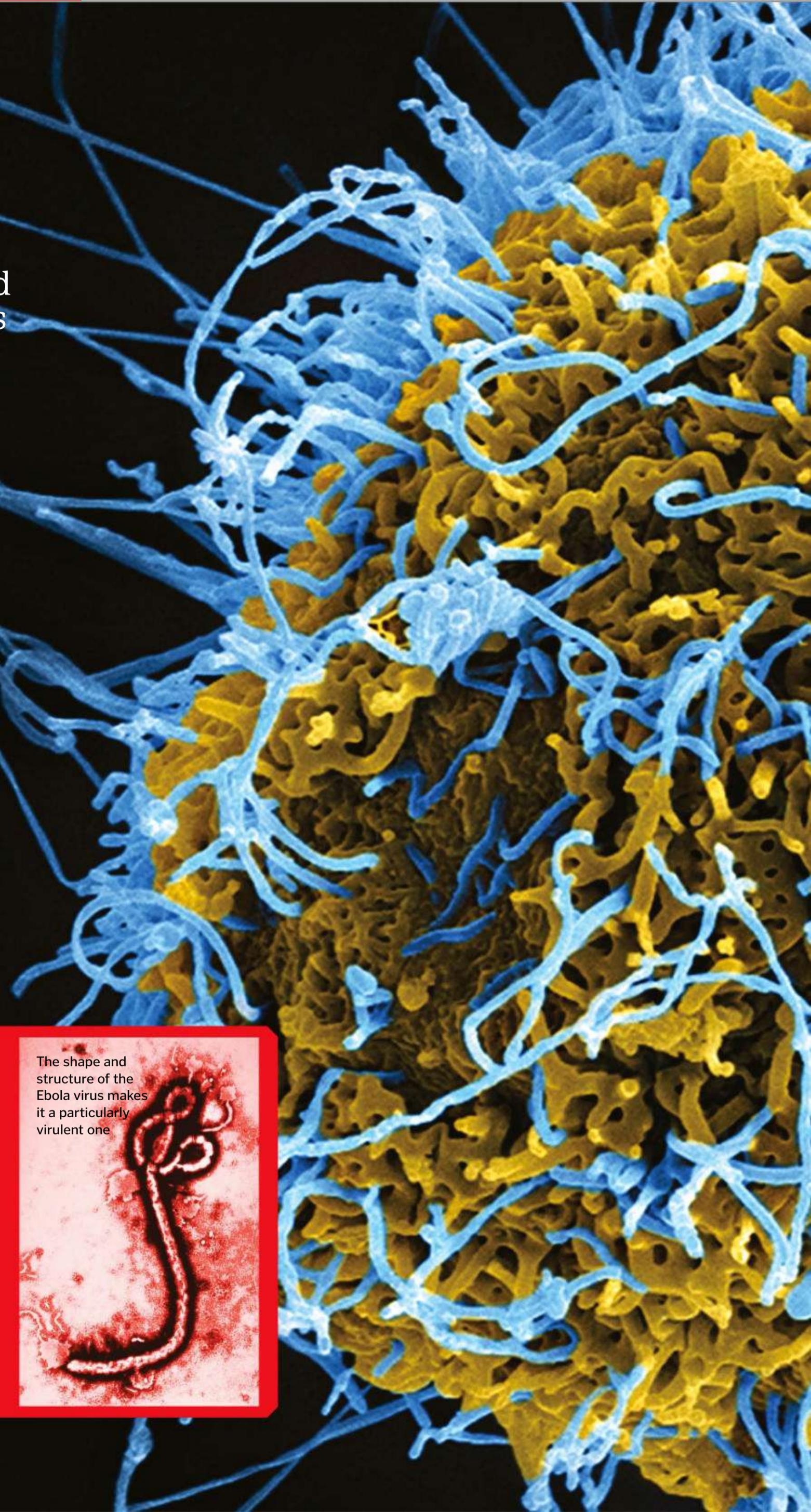
There is currently no licensed treatment for Ebola, but there are potential vaccines currently being developed and tested. However, the chances of survival are significantly improved if the body is quickly rehydrated, buying time for it to fight off infection.

Why is Ebola so deadly?

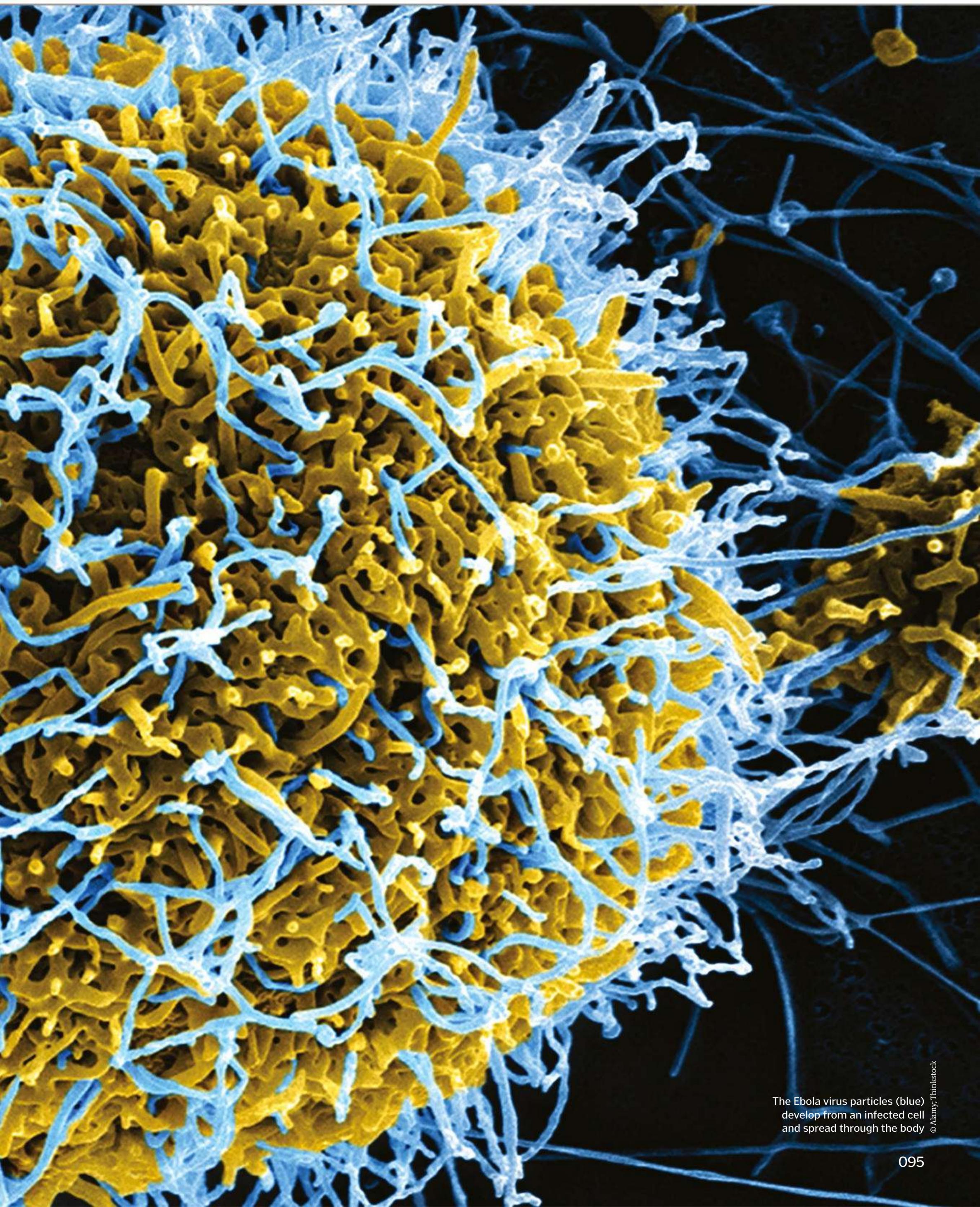
Instead of being sphere-shaped, like most viruses, the Ebola virus is actually long and thin, giving it a larger surface area for attacking a larger number of cells. The virus is also covered in attachment proteins that bind to the receptor sites of human cells and release the virus's genetic material, allowing it to take over healthy human cells and replicate itself into new copies of the virus. Once it enters the body, it will first aim to disarm the immune system so that the white blood cells can't fight off the virus before it spreads quickly. As a haemorrhagic fever virus, the infected cells release proteins which cause blood to leak out of the vessels. This is what causes the most extreme and often fatal symptoms of Ebola, impaired kidney and liver function, a drop in blood pressure and internal and external bleeding.



The shape and structure of the Ebola virus makes it a particularly virulent one



DID YOU KNOW? Men who have recovered from Ebola can still transmit it through their semen seven weeks after recovery



The Ebola virus particles (blue) develop from an infected cell and spread through the body

© Alamy/Thinkstock



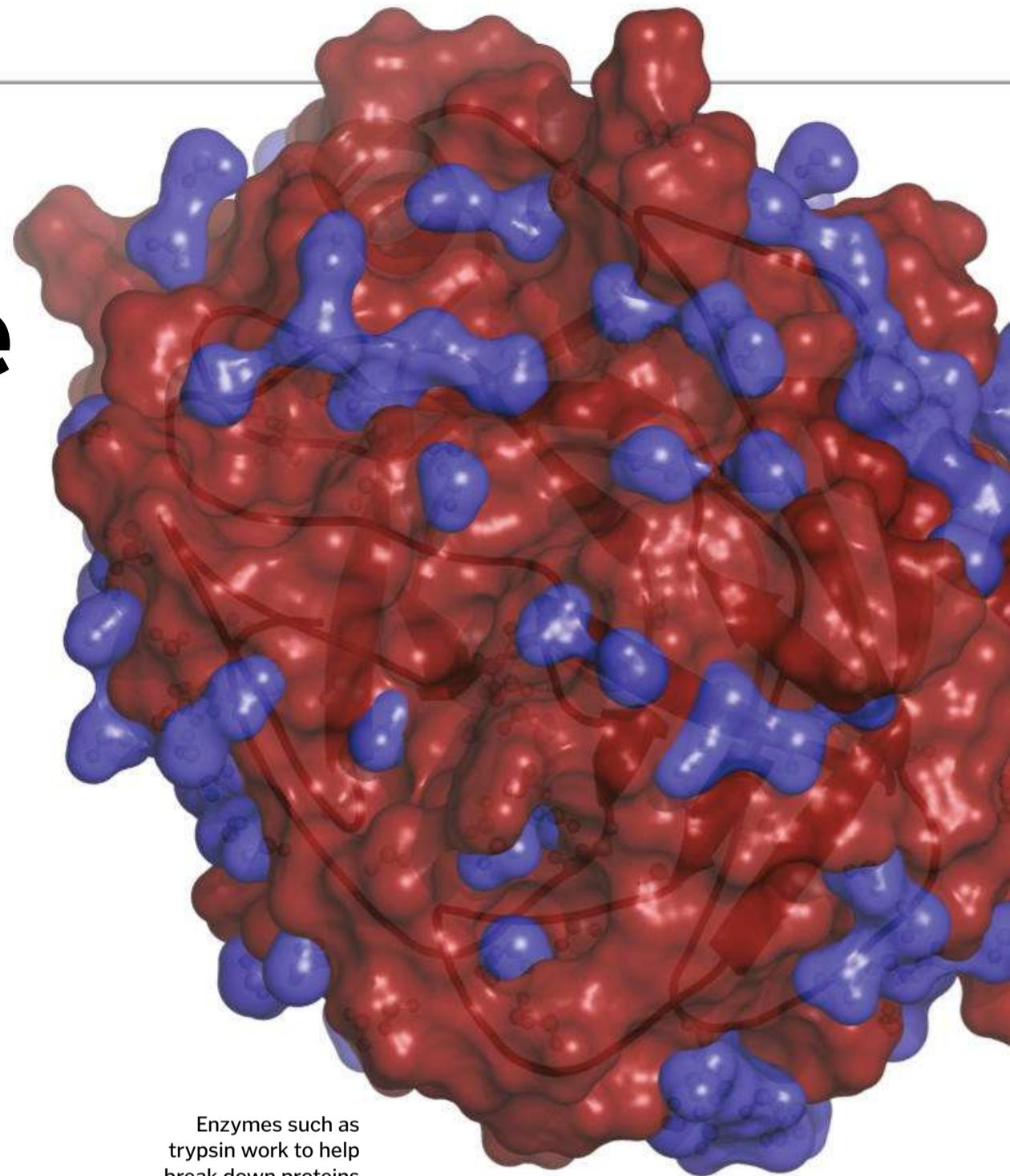
How enzymes keep you alive

The proteins that speed up your body's chemical reactions

Enzymes increase the speed of reactions inside cells by lowering the energy-activation requirement for molecular reactions. Molecules need to react with each other to reproduce, but our bodies provide neither the heat nor the pressure required for these reactions.

Each cell contains thousands of enzymes, which are amino acid strings rolled up into a ball called a globular protein. Each enzyme contains a gap called an active site into which a molecule can fit. Once inside the crack, the molecule – which becomes known as a substrate –

undergoes a reaction such as dividing or merging with another molecule without having to expel energy in a collision with another molecule. The enzyme releases it and floats on within the cell's cytoplasm. The molecule and active site need to match up perfectly in order for the sped-up reaction to take place. For example, a lactose molecule would fit into a lactase enzyme's active site, but not that of a maltase enzyme. Interestingly enough, enzymes don't get used up in the process, so they can theoretically continue to speed up reactions indefinitely.



Enzymes such as trypsin work to help break down proteins



An extreme close-up of rod-shaped bacteria on a used kitchen sponge

Bacteria explained

Find out how these microorganisms can survive anything

These single-celled microorganisms are often referred to as microbes due to their ability to spread diseases. Unlike other organisms, they do not have a membrane-bound nucleus, but rather a single DNA loop that stores genetic information.

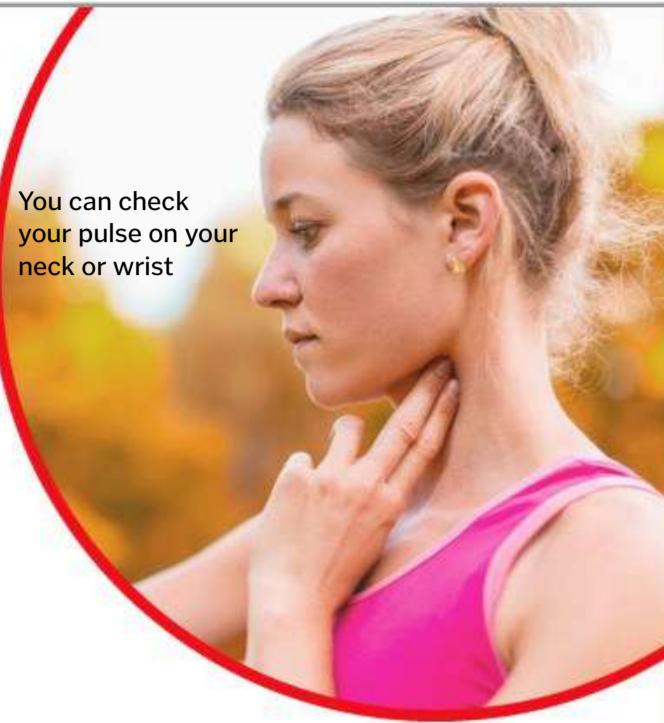
Although just a few micrometres in length and therefore too small to see with the naked eye, bacteria certainly make up for their size and seemingly simple cell structure by being rather complex little creatures. First, they can survive absolutely anywhere. Although they have different survival requirements

depending on their habitats, bacteria adapt to their environment. From boiling hot springs to sub-zero temperatures; whether deep below the Earth's surface or high up in its atmosphere, as long as they have nutrients to grow and reproduce, they can withstand conditions that no human ever could.

Bacteria reproduce when the bacterium splits into two identical daughter cells. Known as binary fission, this process can occur at an incredible rate. This can be dangerous when the bacterium is pathogenic and is why diseases can spread so quickly.

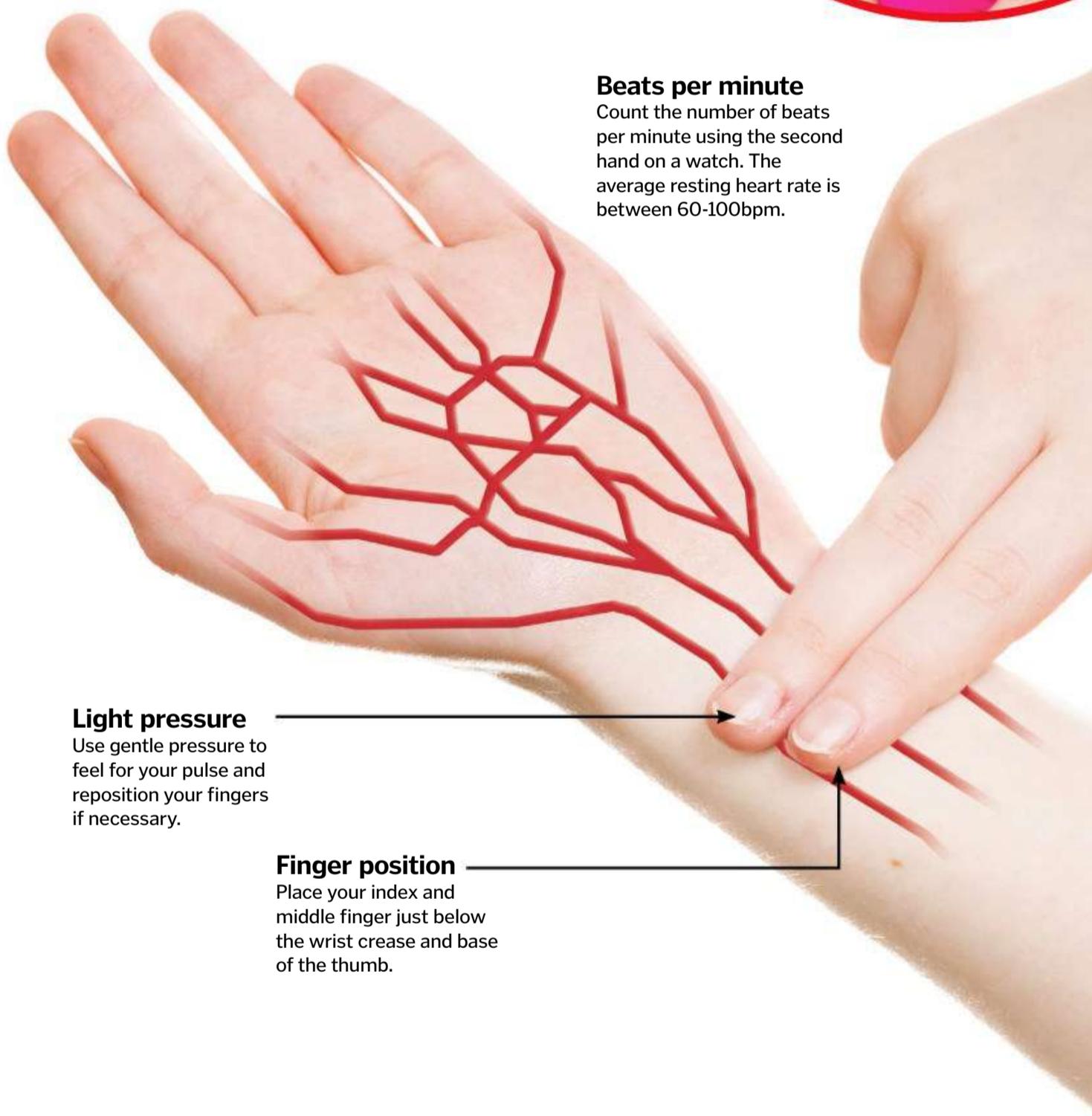
How to check your pulse

See whether you have a regular or irregular heart rate



Beats per minute

Count the number of beats per minute using the second hand on a watch. The average resting heart rate is between 60-100bpm.



Light pressure

Use gentle pressure to feel for your pulse and reposition your fingers if necessary.

Finger position

Place your index and middle finger just below the wrist crease and base of the thumb.

Checking your own pulse is a good way to keep track of your heart rate.

Monitoring it while you're resting is the best way to get an accurate reading, as rhythm can increase at different times during the day, especially when you're exercising.

It's possible to check your radial pulse on your wrist or on your neck. This is because arteries pass close to the skin in these areas. To take your wrist pulse, simply turn over one of your hands so that the palm is facing up. Now place the index and middle finger from

your other hand below the crease of the wrist, in line with the base of your thumb and next to the tendon. Use gentle pressure and feel carefully for a beating pulse. If you're checking your pulse in your neck, place the same two fingers just below the jawline next to your windpipe.

Once you've located your pulse, use the second hand on a watch to count the number of beats per minute. A normal resting heart rate for an adult should be around 60 to 100 beats per minute.

Keeping hydrated

Why is it important to drink enough water?

About 60 per cent of a typical adult human's body weight is water and it is vital for transporting carbohydrates, vitamins, minerals and oxygen to the cells and carrying waste away. This helps to keep the brain alert, absorb nutrients from food into the bloodstream, filter out waste products through urine, regulate blood pressure and body temperature and lubricate the muscles and joints. Water leaves your body through sweat, urine and even your breath, so must be replenished by drinking regularly.

The amount of water you need to consume depends on a number of factors, including your age, the ambient temperature and how much you exercise. However, it is recommended that a typical adult should drink two litres (0.5 gallons) of water per day. About 80 per cent of this intake usually comes from our drinks, while the other 20 per cent comes from water content in food. Even if you lose just one per cent or more of your body weight through fluid loss, you become dehydrated. If you don't replenish your body's fluid levels within 24 hours then you will start to suffer severe reduction in your physical and cognitive performance.



Drinking water is the best method of hydration as it contains no sugar, calories or additives



Understanding diabetes

Peek inside the body to see what happens when blood sugar gets out of control

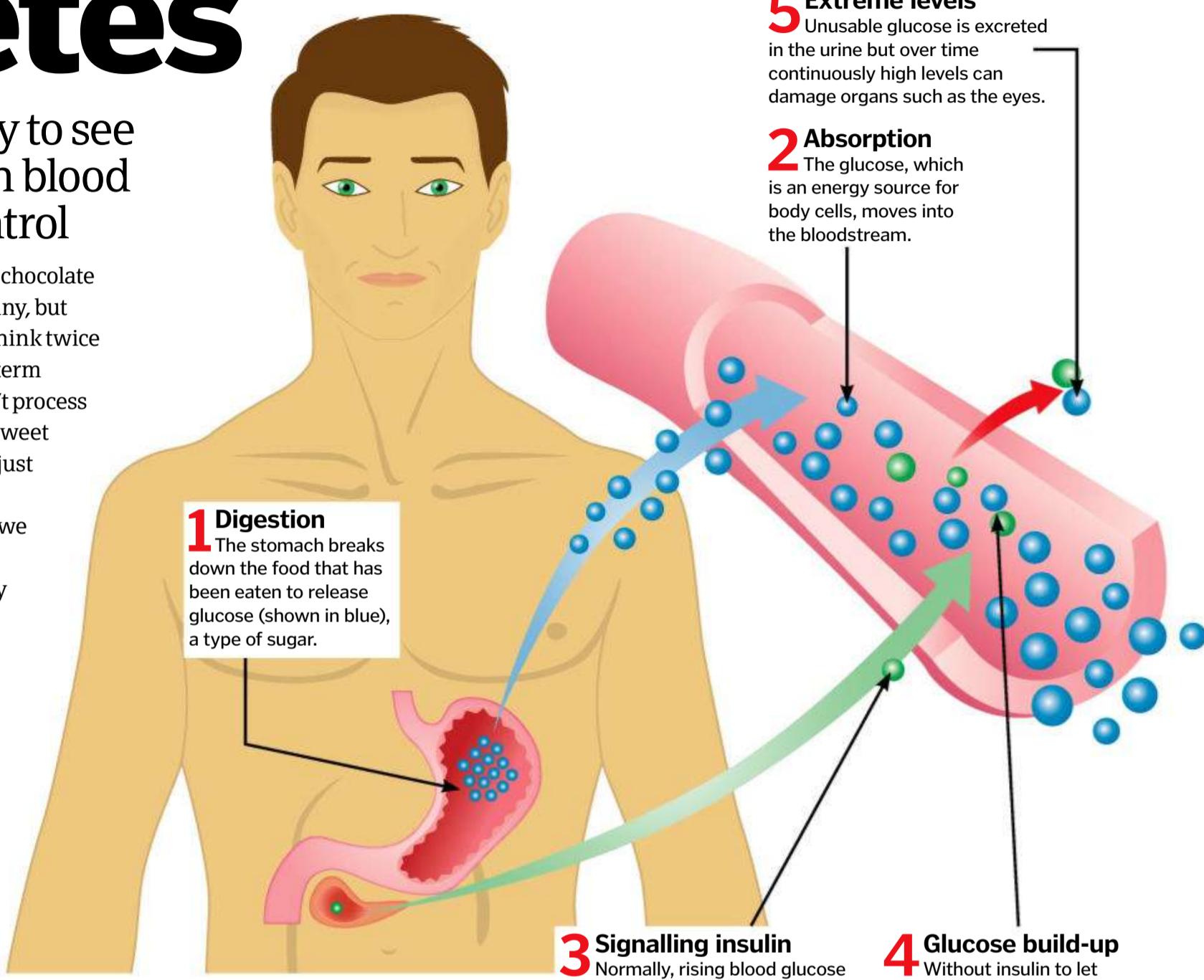
Gorging on a rich, moist piece of chocolate cake is a guilty pleasure for many, but people with diabetes have to think twice before taking a bite. Diabetes is a long-term medical condition where the body can't process sugar in the bloodstream properly, so sweet treats can be dangerous for more than just their waistline.

Sugar in the blood comes from what we eat and drink and is regulated by the hormone insulin, which is produced by the pancreas. This organ is about 15 centimetres long and located behind the stomach. The pancreas mainly secretes digestive enzymes, but a small part produces hormones. Insulin is produced by beta cells, which are clustered in groups called the islets of Langerhans (named after the scientist who first described them).

In diabetes, the normal process of producing insulin and regulating blood sugar goes awry. This can happen in two different ways. In type 1 diabetes, the pancreas doesn't produce any insulin because the body's immune system attacks the beta cells and kills them. In type 2, not enough insulin is produced, or the body becomes resistant to insulin and is unable to respond to it. Both types can lead to high blood sugar levels called hyperglycaemia, which can damage the eyes, kidneys, nerves and blood vessels over time.

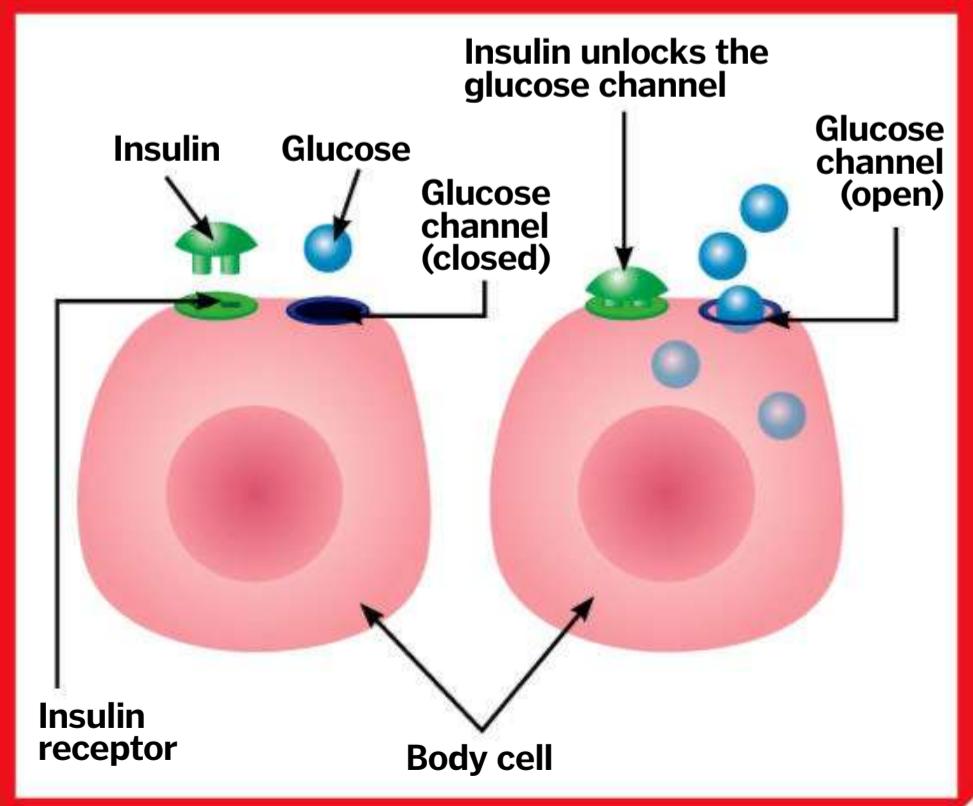
The symptoms for both types of diabetes include extreme thirst, urinating more frequently, tiredness, unexplained weight loss, blurred vision and the slow healing of cuts. Both types can develop at any age, but type 2 diabetes is much more common, and is often associated with obesity.

There is currently no cure for diabetes. People with type 1 diabetes have to control their blood sugar for the rest of their lives by monitoring the levels and injecting insulin. People with type 2 diabetes have to make lifestyle changes, and often need to take medication.



How insulin works

Sugar, in its simplest form as glucose, is an energy source for our body's cells. It moves into cells most efficiently when a signal is given by the hormone insulin. When blood glucose rises after a meal, insulin is released from the pancreas into the bloodstream and acts like a key to unlock and open the glucose channels on the cell surface, allowing glucose to enter. When there is no insulin or the cells can't respond to it, the levels of sugar in the blood build up, leading to hyperglycaemia. Conversely, when blood glucose gets too low, it is known as hypoglycaemia.



Diabetes and exercise

Exercise can cause blood glucose levels to fluctuate, though this is less drastic in people with type 2 diabetes than those with type 1. Low blood sugar (hypoglycaemia) can occur because muscles use glucose as energy and the body becomes more sensitive to insulin. High blood sugar (hyperglycaemia) can be triggered by other hormones, such as adrenaline, which are released during exercise.

Maintaining an optimal blood sugar target in type 1 diabetes requires balancing the insulin dose with what the person eats and drinks and the amount of exercise they do, taking into account external factors like temperature. Everyone's diabetes is different and individuals react differently to exercise. Physical activity, however, can help improve blood glucose management and the efficient working of insulin.

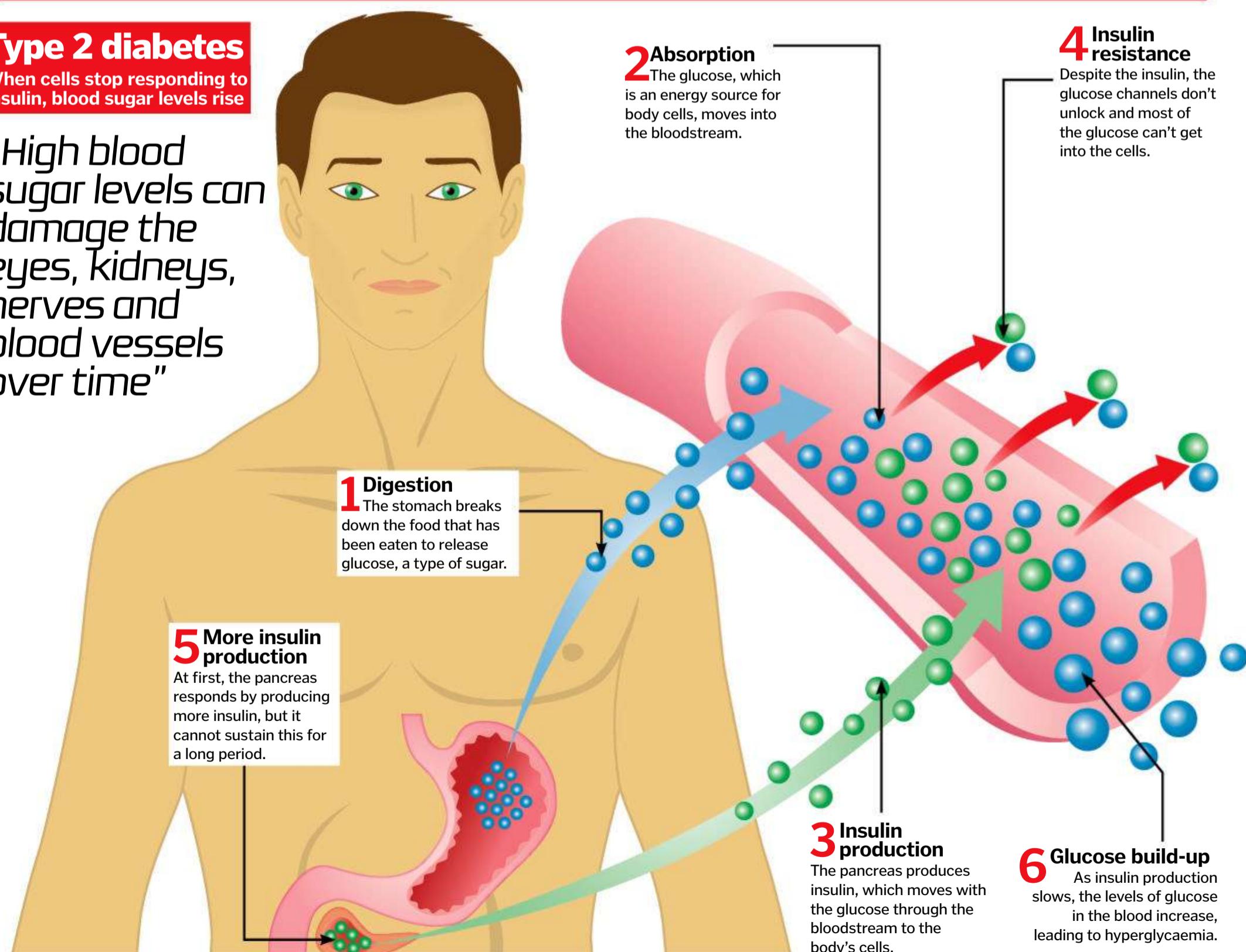
Cycling is a physically challenging endurance sport and Team Novo Nordisk, an all-diabetes pro-cycling team, must monitor their blood glucose before, during and after racing with a continuous glucose monitor. The cyclists will 'carb-load' (eat high carbohydrate foods) before a race and will have a high-carbohydrate drink afterwards. During a race, riders frequently check their blood glucose. If their blood sugar is above target, they may take medication to lower it, and if the level is below target, they may consume a carbohydrate-rich food or drink to bring it back up.



Type 2 diabetes

When cells stop responding to insulin, blood sugar levels rise

"High blood sugar levels can damage the eyes, kidneys, nerves and blood vessels over time"





Perfect posture

Find out how being a serial sloucher affects more than just your spine

Chances are most of you reading this aren't sitting or standing properly. Students and office workers know only too well how easy it is to slip into a slouch while spending all day working at a desk. This prolonged poor posture puts stress on the neck, shoulders and spine, contributing to problems such as postural hunchback and spinal misalignment.

Good posture ensures that you can stand, sit or lie down in positions that put the least strain on your body's muscles and ligaments. A quick way to check your posture is to make sure your earlobes are aligned over the middle of your shoulders, your shoulders are in line with your hips, and your hips are directly above your

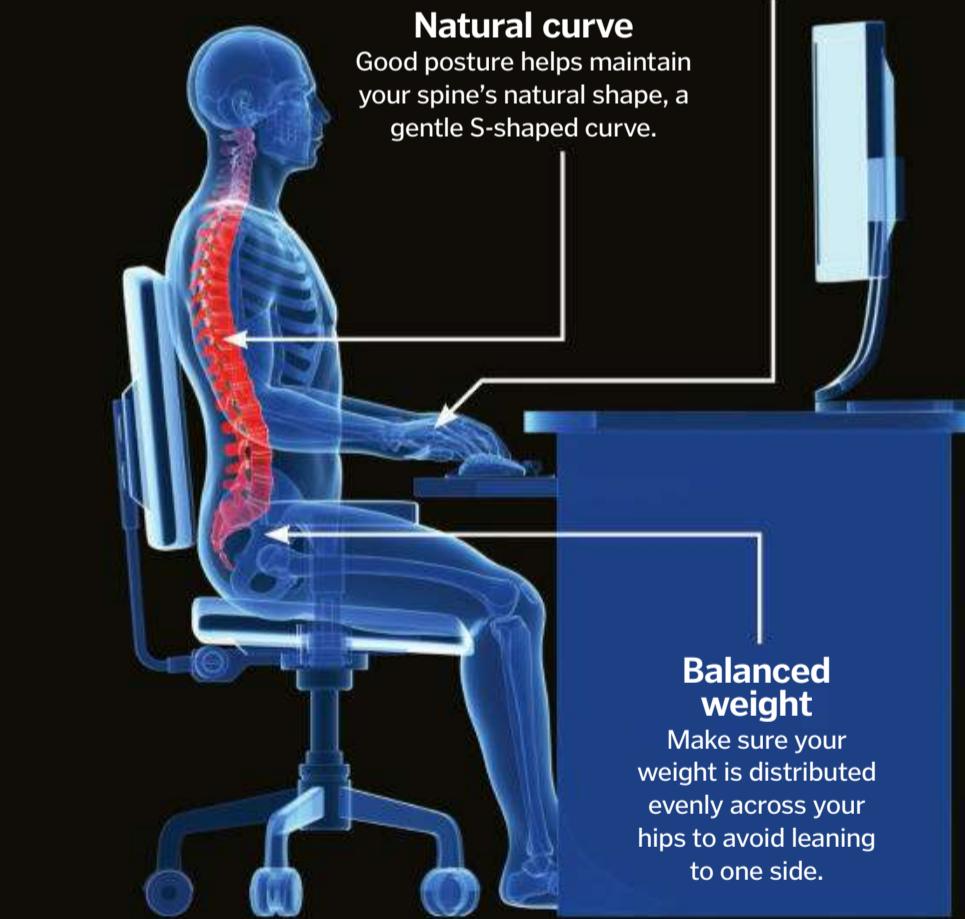
knees and ankles. This correct positioning may take some practice, but as you retrain your muscles it becomes second nature.

In addition to putting stress on your bones and muscles, bad posture affects how efficiently we breathe. Hunching the shoulders restricts the amount by which the rib cage can expand, reducing lung capacity by as much as 30 per cent. Poor posture has also been linked to neurological issues and heart disease.

A surprising side effect of posture is that it can change how people think. A study by Ohio State University in the US found that people who sat up straight exhibited a more confident and positive outlook than those who slumped over.

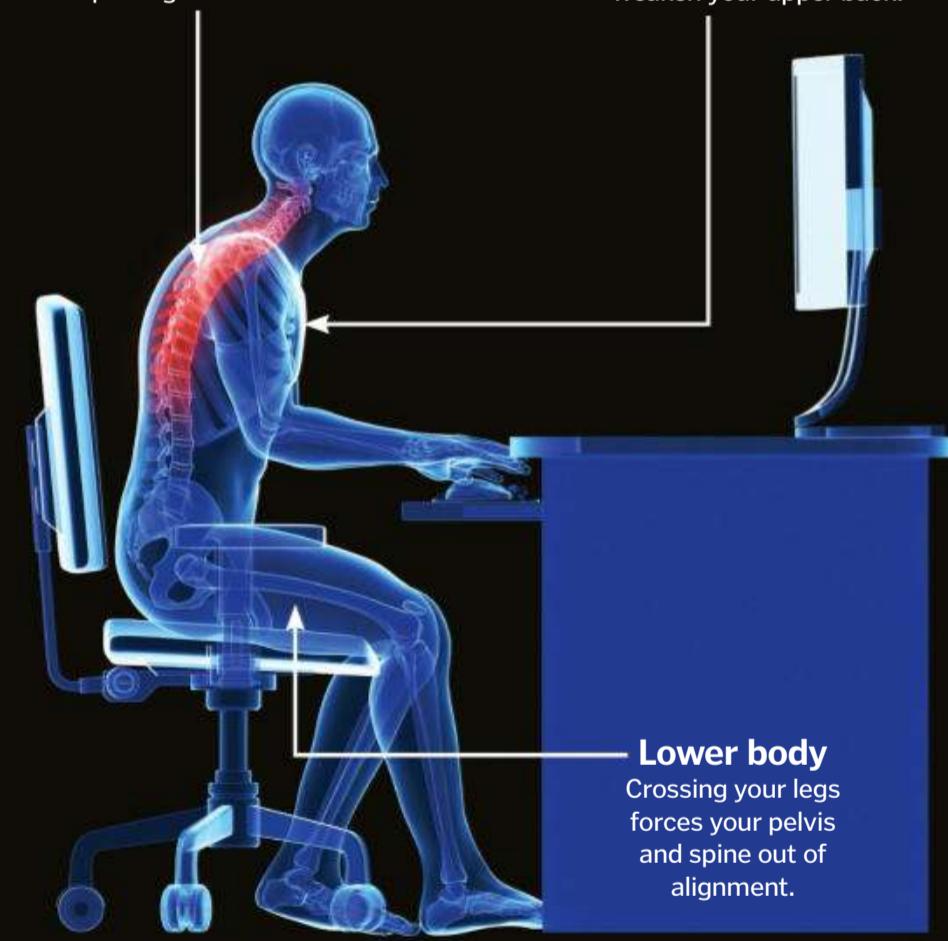
Seated posture

How sitting up straight protects your spine



Strain

Bad posture works against the natural curvature of your spine, putting stress on the muscles.



Breaking bad habits

Slouching

Reclining with no lower back support can feel comfortable as it requires less muscular effort, but over time this puts pressure on some muscles while weakening others.

'Donald Duck' posture

Frequently wearing high heels or being pregnant can pitch your weight forward, so your upper body leans forward of your hips and your bottom sticks out.

Jutting chin

Poking your chin out when viewing a screen is a by-product of poor posture. Hunched shoulders angle the neck and head down, so the chin is lifted to keep looking forward.

Most of us are guilty of these common posture mistakes, but luckily they can be corrected

Standing on one leg

Leaning on one leg, rather than having your weight evenly distributed between both of them, puts extra pressure on one side of your lower back and hips.

THE SOLUTION

Practice makes perfect!
Consciously correcting your posture will help improve it over time.
Strengthening your core with exercises like back extensions and planks will also help re-train weakened muscles.



Whether standing or sitting, maintaining good posture is important for your health

Sit-stand desks

With research highlighting the negative health effects of sedentary lifestyles, sit-stand desks like the Varidesk are becoming more popular. These adjustable platforms make it easy to alternate between sitting and standing throughout the day, to avoid staying fixed in the same position for hours at a time. Find out more at www.varidesk.com.

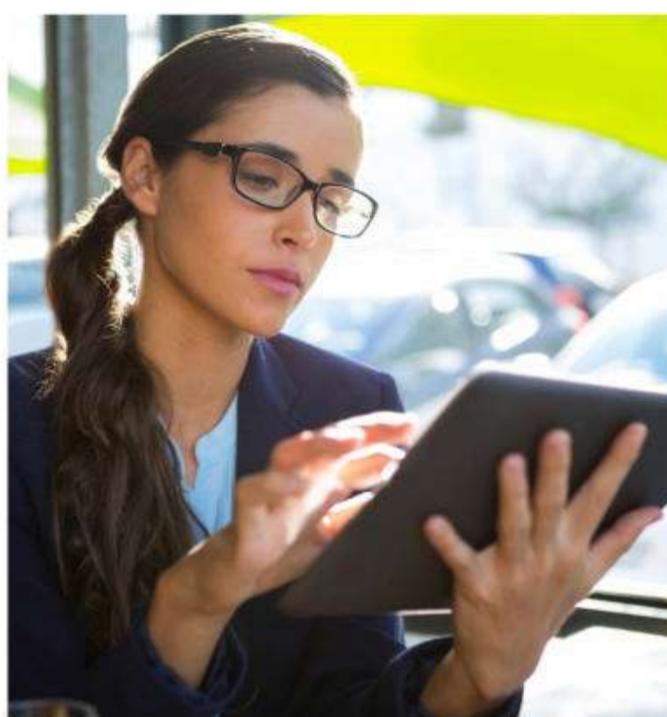
How corrective lenses work

An important tool for sight deficiencies, corrective lenses restore 20/20 vision and reduce eye strain

In optics, a lens is a transparent substance (usually glass) that is used to form an image of an object by focusing rays of light to a designated point. In eyeglasses, lenses are used to correct a wide variety of eye defects including myopia, hyperopia and astigmatism. This is achieved by shaping the lenses into various optical profiles, the most common of which is ophthalmic convex-concave. Here, both the front and back of the lens surface has a positive radius, resulting in a convergent front surface and divergent back surface. This difference creates the corrective power of the lens, so in order to treat hyperopia a convergent lens is used, where the front surface is stronger than the rear (narrowing the incoming light's focus); for myopia, the reverse is used, with the rear surface holding a greater magnitude (widening the light's focus point).

Modern corrective lenses can be formed with multiple spherical surfaces, granting them a

highly complex profile. This allows bifocal and trifocal lenses to be produced, where different parts of the lens are shaped and hold powers suitable for various distances of focus.



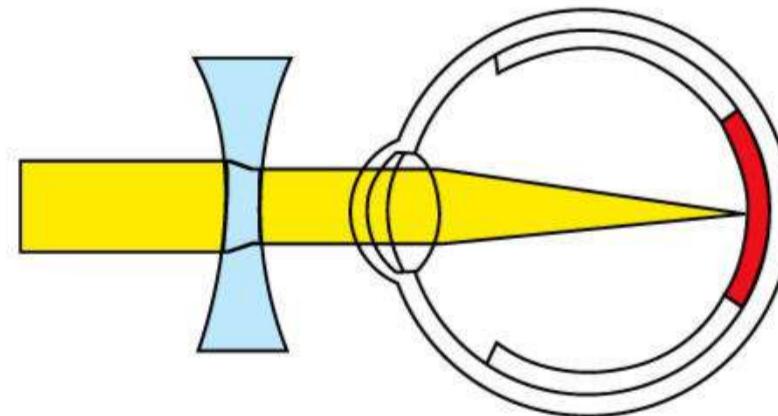
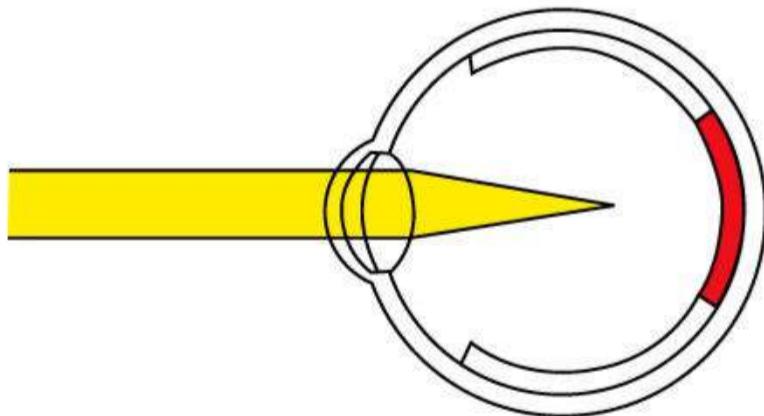
Pinhole glasses

How do these lens-less glasses help correct vision?

Pinhole glasses – technically called stenopeic glasses – are eyeglasses that consist of two plastic opaque sheets filled with a series of pinhole-sized holes. These perforated sheets replace the lenses of the glasses and, when worn, reduce the amount of light entering each eye to a series of narrow beams. This reduction in light reduces the circle of confusion (an optical blur spot) on the eyes' retina, while also increasing depth of field. Unlike lens-based glasses though, pinhole glasses produce an image without generating a pincushion distortion (an effect where image magnification increases with the distance from the optical axis, as seen in binoculars). In essence, stenopeic glasses work on the same principle of pinhole cameras, producing a sharper image but at the expense of brightness.

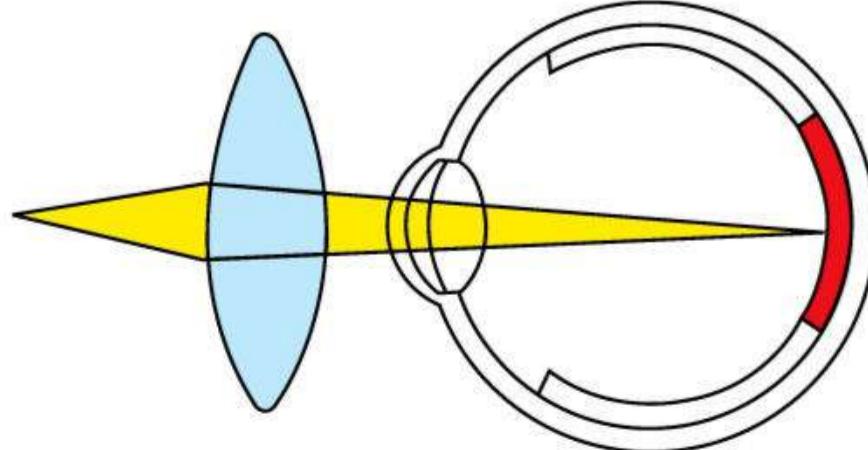
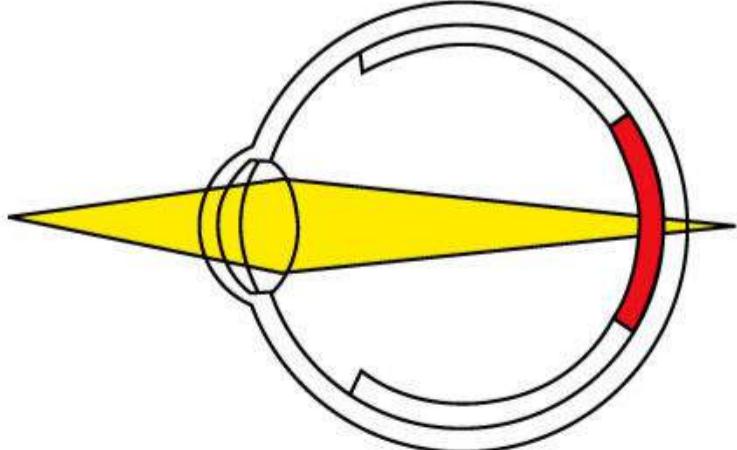


How lenses can be used to treat myopia and hyperopia



Myopia (short-sightedness)

A refractive defect of the eye in which collimated (parallel) light is forced to produce images in front of the retina instead of upon it, myopia is treated through the use of a concave lens. This causes incoming light to enter the cornea at a different angle and diverge on the retina.



Hyperopia (long-sightedness)

A vision defect usually caused by the eyeball being too short or its cornea not being rounded enough during development, hyperopia causes difficulty in focusing on near objects. It is treated by the application of a concave lens, which adjusts the focus of incoming light so it accurately displays on the retina.



Inside laser eye surgery

How surgeons are able to restore your sight with lasers

Lasers have been used to help people with short and long-sightedness (or myopia and hyperopia) for a couple of decades, but the practice of using incisions in a person's eye to improve their vision has been around for over 100 years.

It all started in 1898 when eye surgeons would make small cuts in the front surface of the eye (cornea), to flatten it in the middle and let light reach the retina more easily. As this technique was a bit hit-and-miss, they came up with a new technique that involved using a thin blade to slice open the cornea and create a flap. The eye surgeon would then slice a bit of tissue from the cornea to flatten it as before and then fold the flap back down.

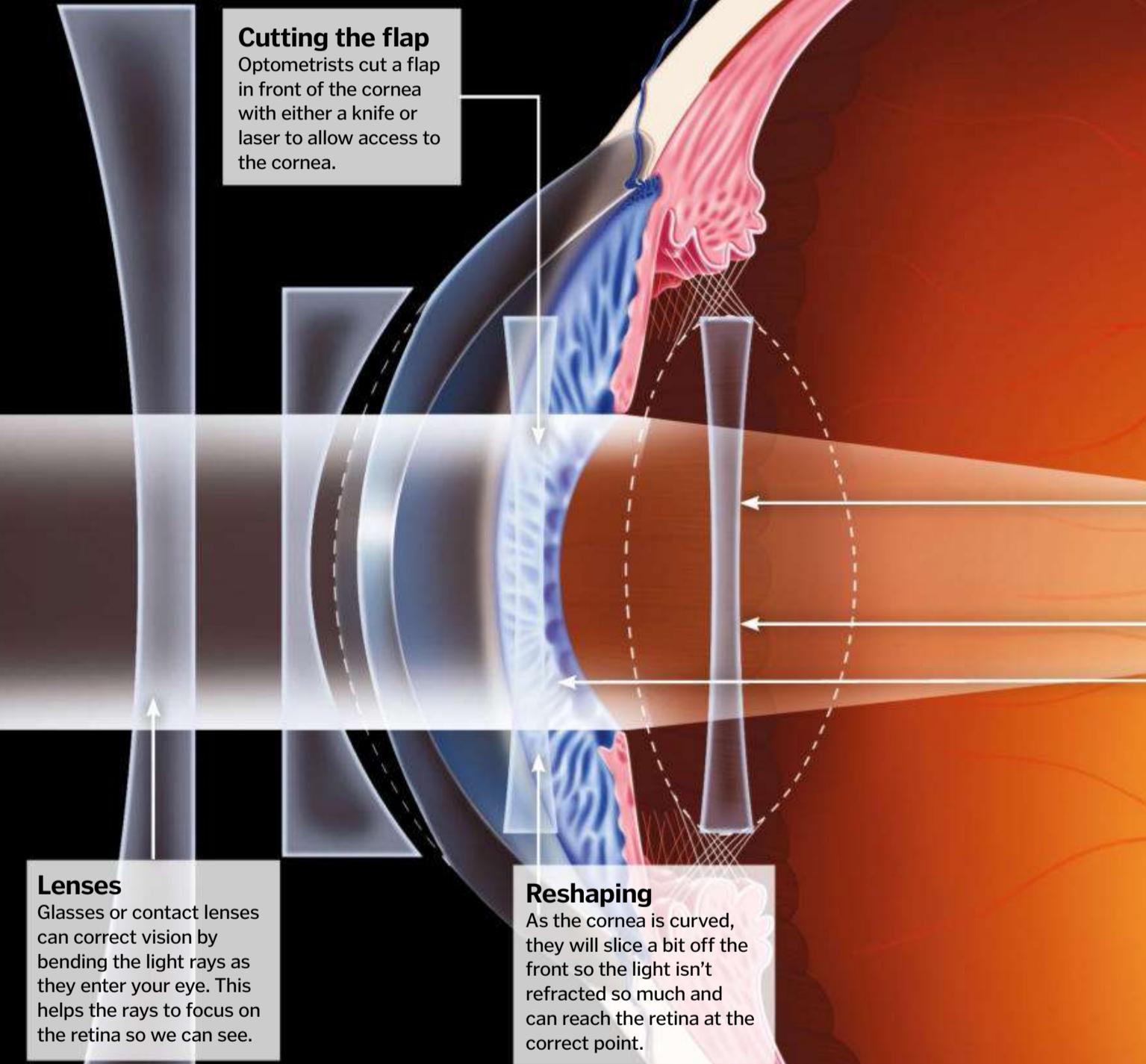
The technology took a huge leap forward when they brought lasers into the equation. These super-precise beams were able to burn away part of the cornea without creating a flap, but this did lead to a very long and uncomfortable recovery.

Then, in 1999, LASIK entered the arena. This procedure, combining two previous methods, required a flap to be made and then the laser could get to work with shaping the stroma layer of the cornea. This allowed for more precision than ever before and vastly reduced the discomfort from the previous method.

The actual surgery takes a surprisingly short amount of time. From the point at which the numbing drops get popped in, the creation of a flap, reshaping and replacing it should take between 15 and 30 minutes, with full vision returning within 24 hours.

A look inside the eye

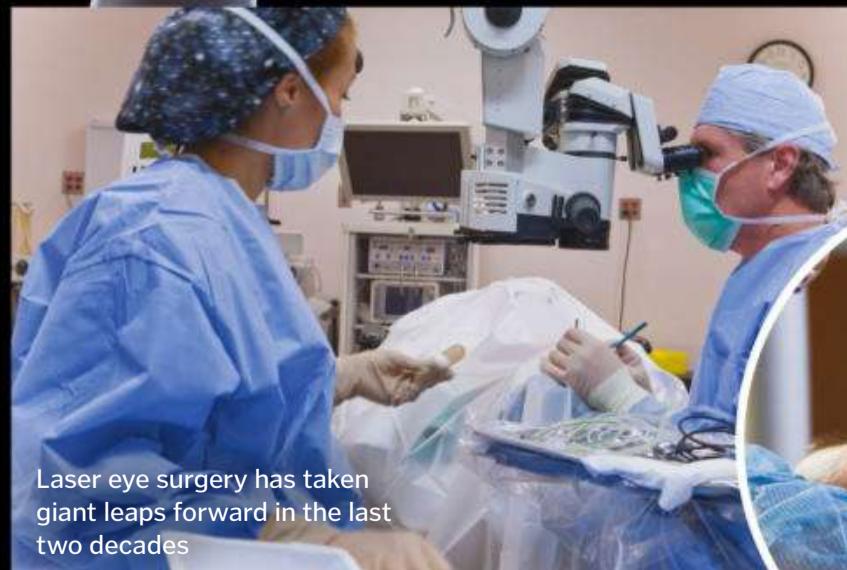
How does surgery correct a short-sighted eyeball?



What else can laser eye surgery do?

Laser eye surgery is not limited to curing long and short-sightedness. Modern technology is also able to cure astigmatism, which happens when a person's cornea is an irregular shape, which means light doesn't enter the retina cleanly and is bounced about, resulting in blurred vision. The laser is able to reshape the cornea.

The cornea in a short-sighted eye is bent too much, so when light enters, the image gets formed too early and becomes blurry when things are far away. The opposite applies to long-sightedness, as the cornea isn't bent enough and the image hasn't been formed by the time it hits the retina.



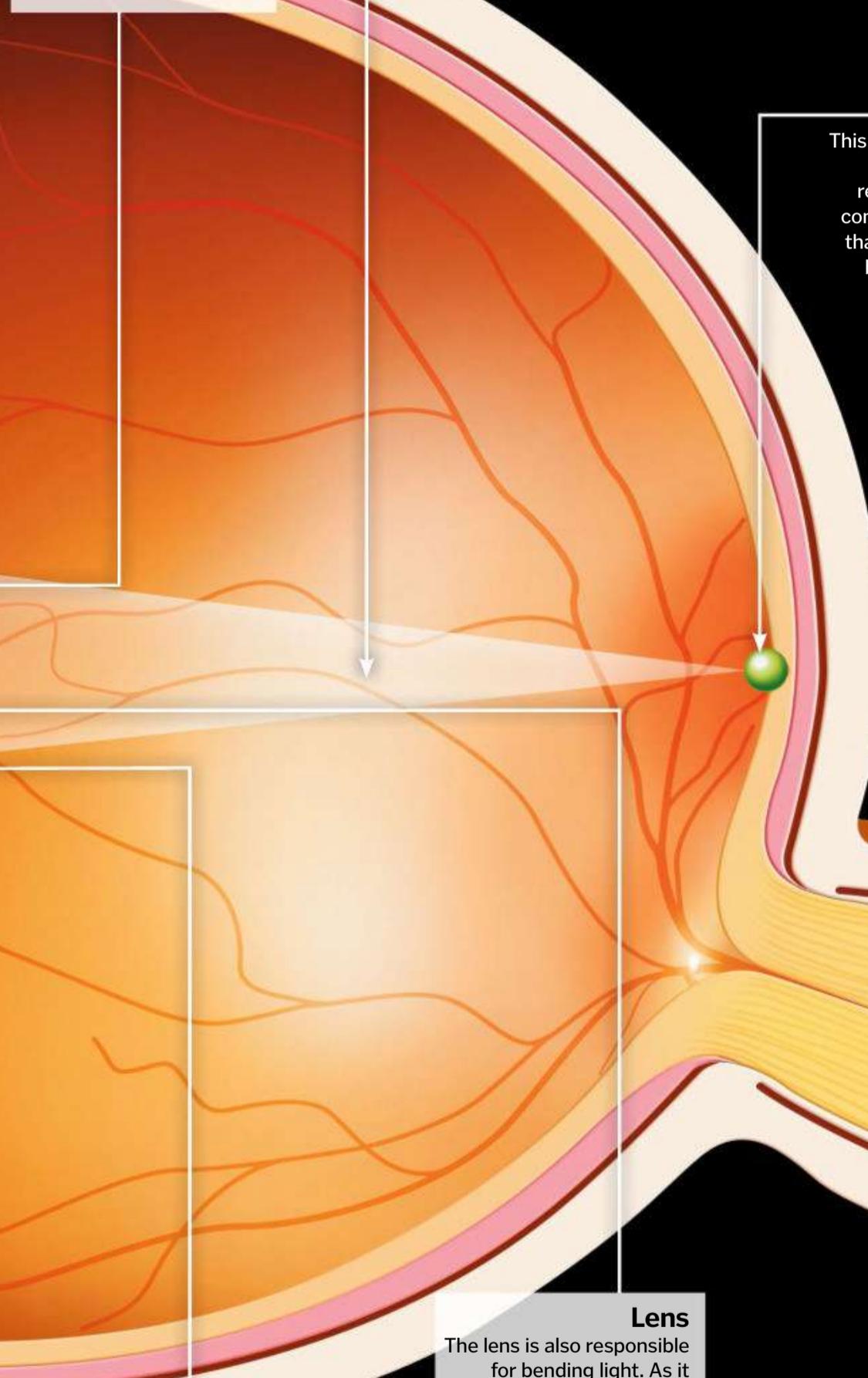
Laser eye surgery has taken giant leaps forward in the last two decades



DID YOU KNOW? Eye surgeons are called ophthalmologists, which is Greek for 'study of eyes'

Intraocular lens

The newest technique on the market is to implant a lens into the eye, which does much the same as glasses and doesn't reshape the cornea.



The cornea

The very front of the eye is curved in order to bend light towards the retina. If this is too curved, light is overly bent and doesn't reach the retina.

Lens

The lens is also responsible for bending light. As it travels through, it will hit the curved lens of the eye and continue bending. This is not involved in laser eye surgery, though.

Optic nerve

Once light has hit the retina, it will send the signal via the optic nerve at the back of the eye to the brain. It is made up of around a million fibres.

Short-sightedness

Short-sighted people can see near objects because they are bigger and more light manages to reach the retina.

Retina

This is the light sensitive part of the eye that receives the light and converts it into a signal that then moves to the brain for processing.



An eye for numbers

We've all heard about 20/20 vision, but what exactly does that mean? Well, eye specialists have worked out how tall letters have to be for a normal eye to be able to see them at 20 feet (6.1 metres). Someone with 20/20 vision can see letters of that height from 20 feet, meaning their vision is just as expected. Someone with 20/40 vision can see something at 20 feet that a person with normal vision can see at 40 feet (12.2 metres). So, the bigger the second number, the worse the vision.

Scale of sight

20/2



VISION OF A FALCON, OVER EIGHT TIMES BETTER THAN A HUMAN

20/20

NORMAL VISION – MINIMUM REQUIREMENT TO BE A FIGHTER PILOT



20/40

WORST YOUR EYES CAN BE AND STILL BE ALLOWED TO DRIVE



20/80

STILL JUST ABOUT ABLE TO READ NEWSPAPER HEADLINES



20/200

LEGALLY BLIND – HOWEVER, YOU STILL CAN SEE STOP SIGNS



PROCESSES AND BODILY FUNCTIONS

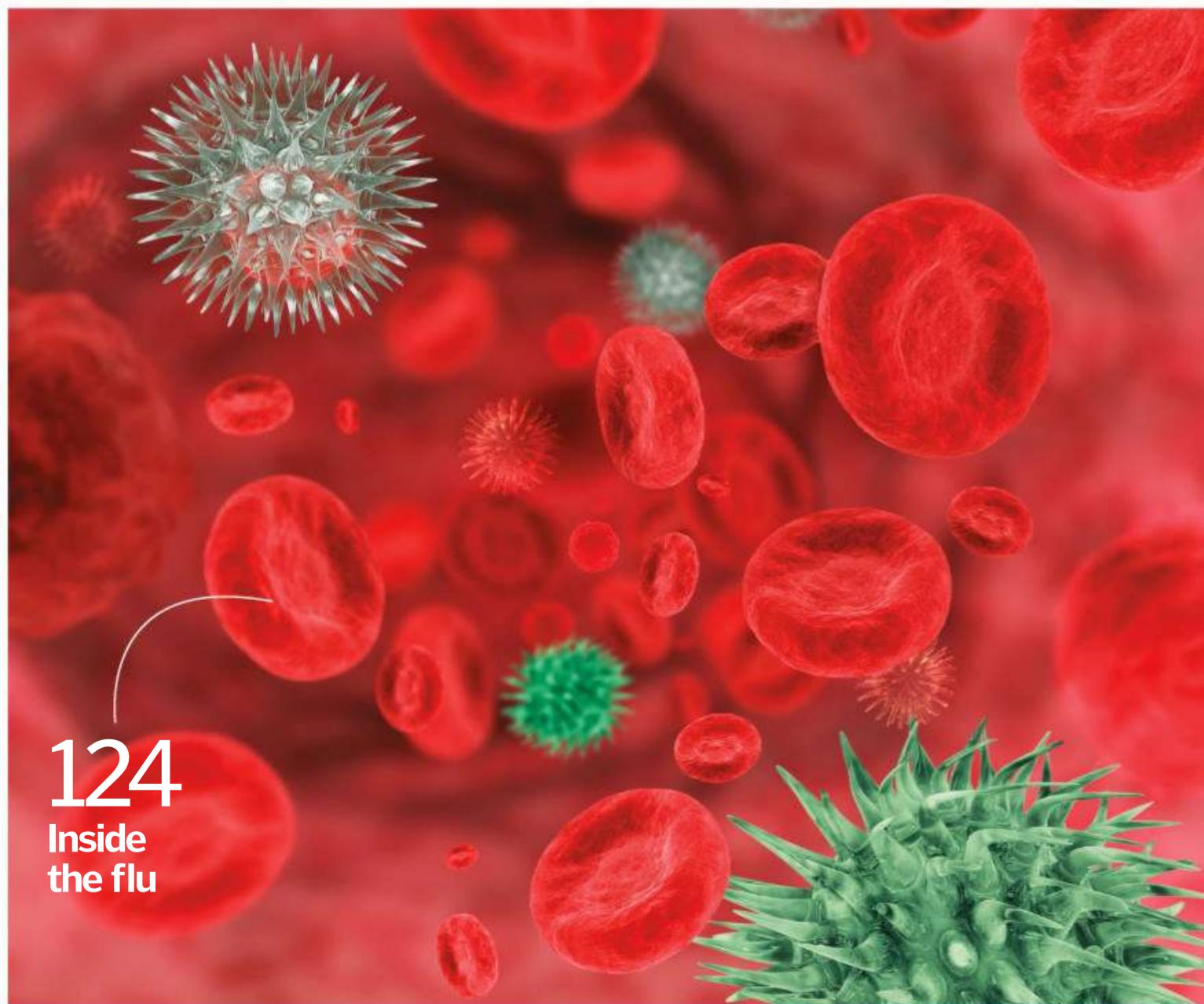
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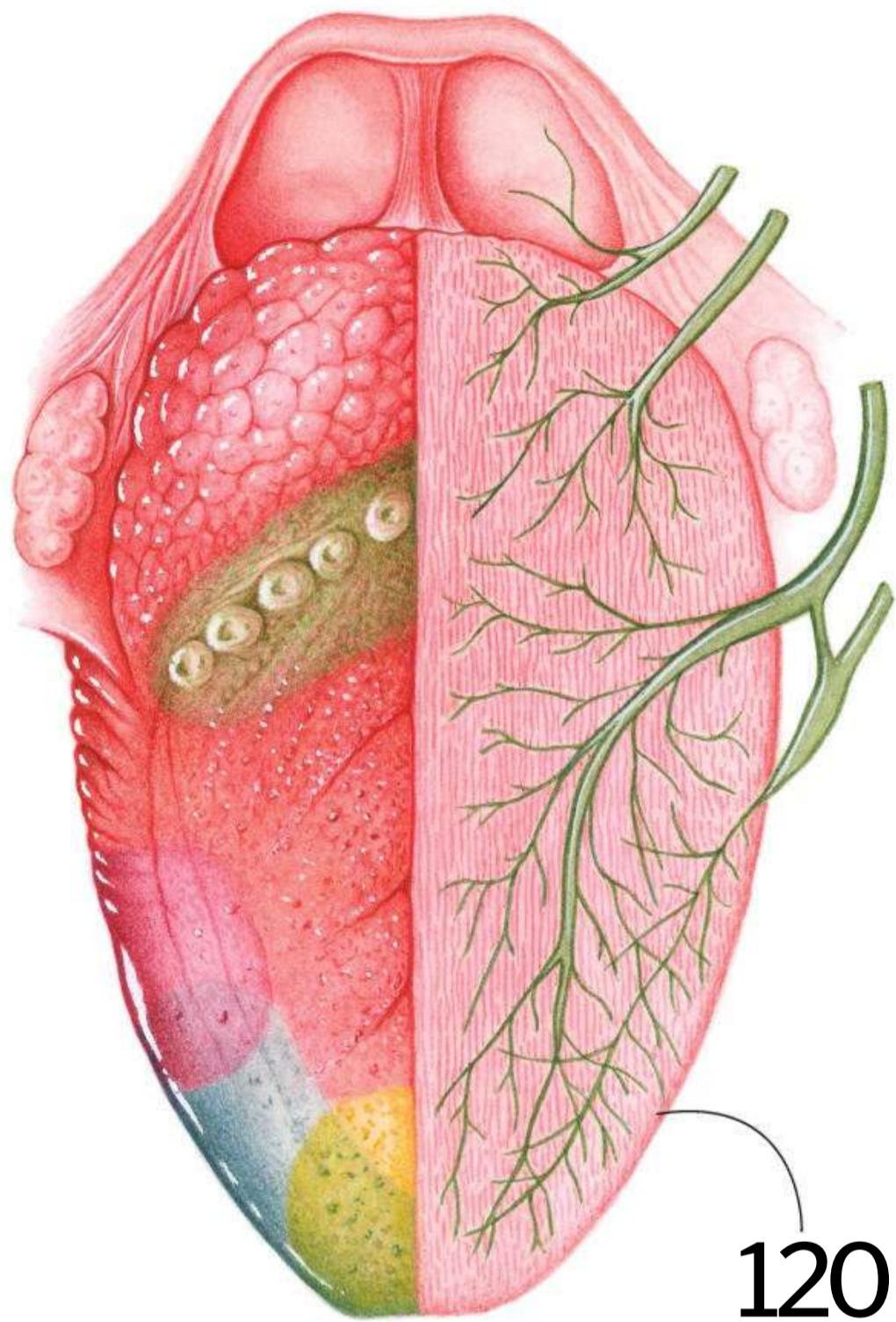
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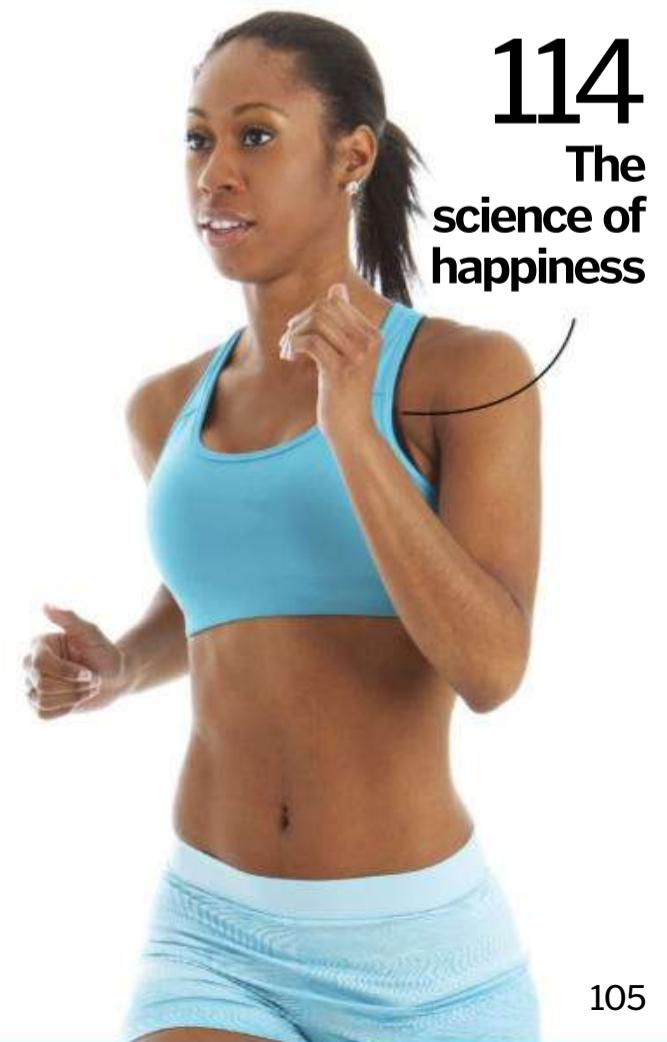
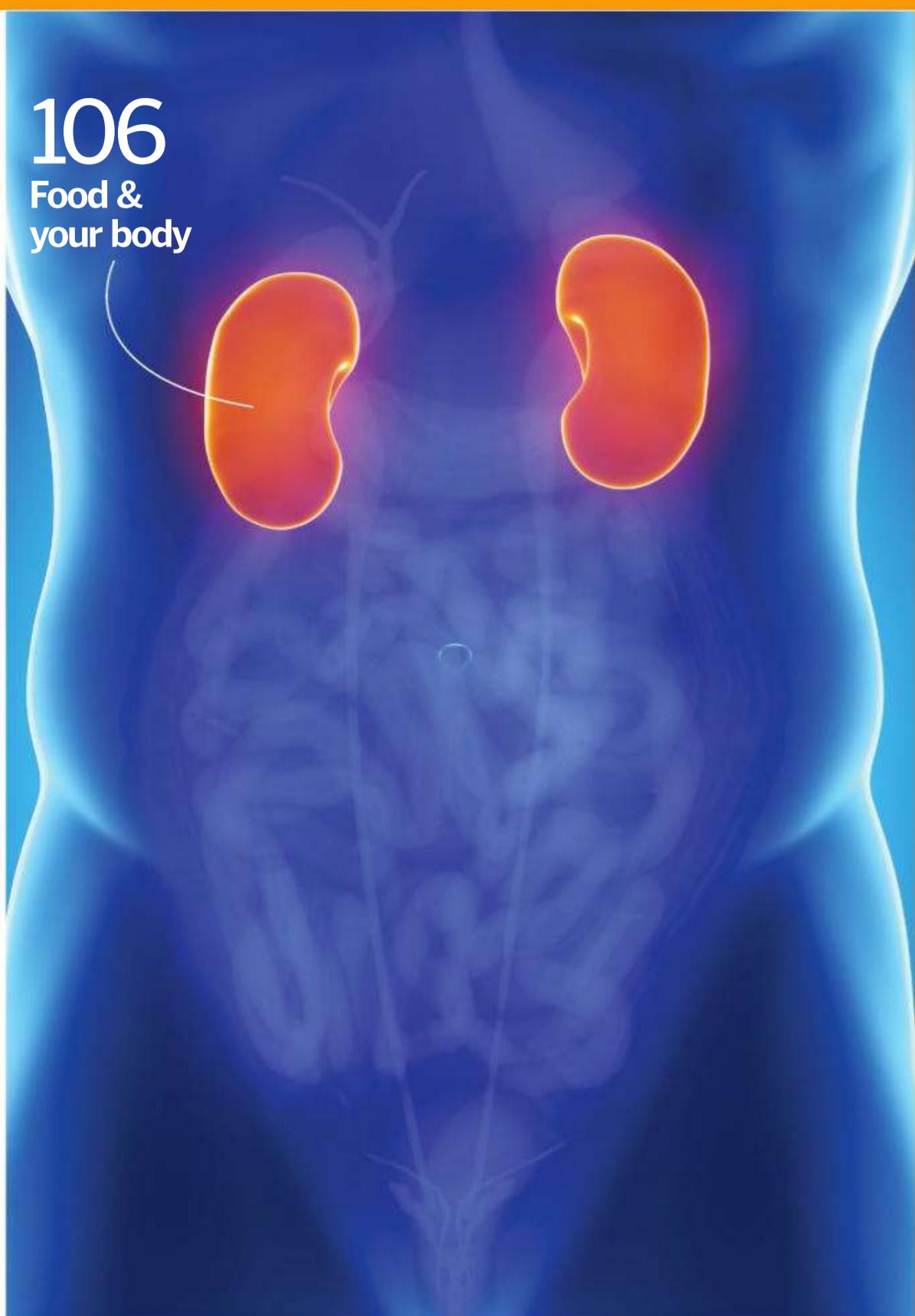
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Inside the flu





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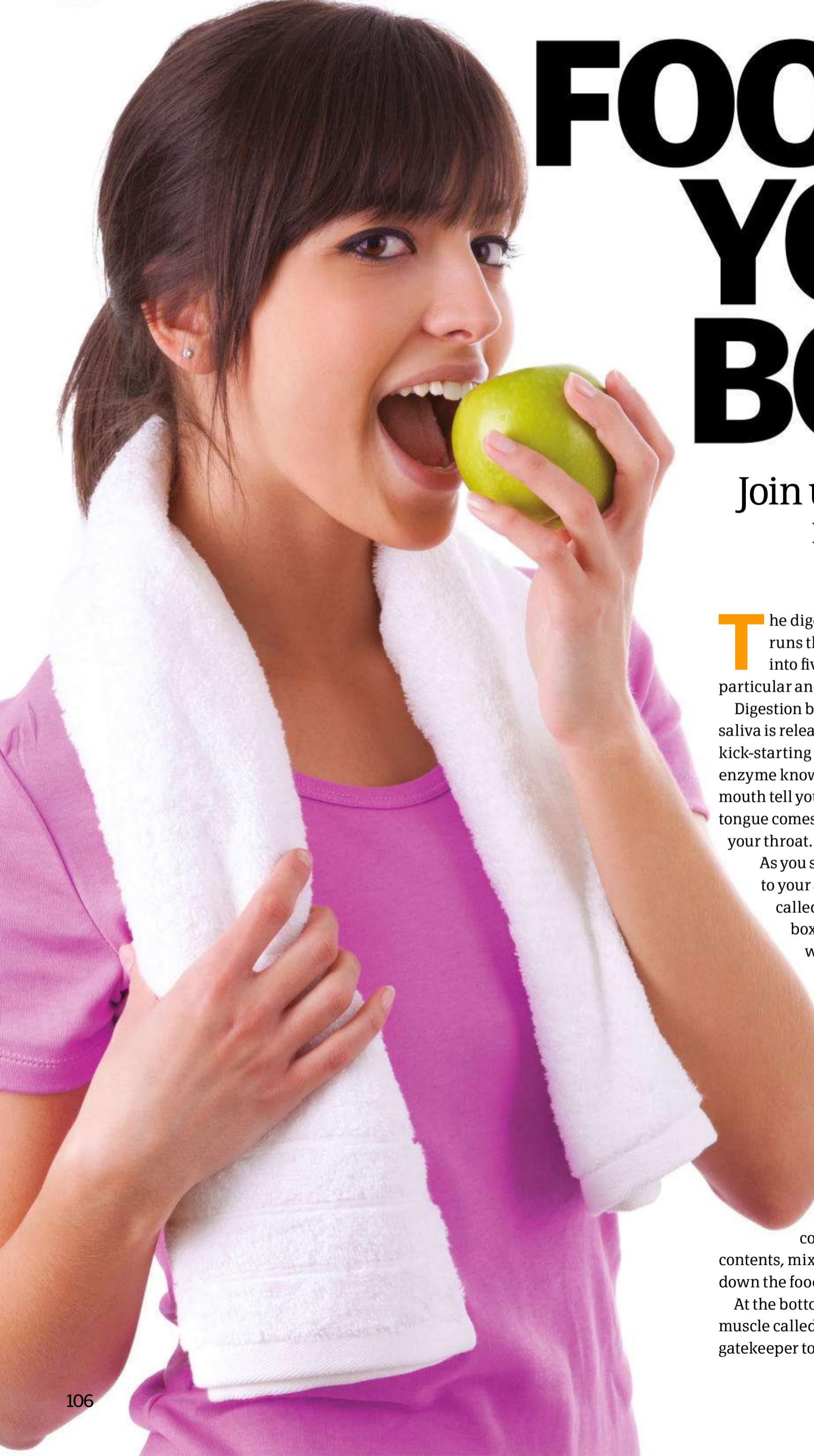
The five basic human tastes





FOOD & YOUR BODY

Join us as we unravel all nine metres of your digestive system



The digestive tract is a long, muscular tube that runs the entire length of your body. It is separated into five distinct sections, each with its own particular and specialised function.

Digestion begins in the mouth. As you chew your food, saliva is released, providing a slippery lubricant and kick-starting the break down of carbohydrates with an enzyme known as amylase. Touch receptors in your mouth tell you when it is time to swallow, and as your tongue comes upward, the food is pushed to the back of your throat.

As you swallow, you pass control of digestion over to your automatic motor functions. A flap of skin called the epiglottis folds down to cover the voice box, and the entrance to the lungs, and then a wave pushes the mouthful all the way down the oesophagus. When the food reaches your stomach, it passes through a ring of muscle known as the cardiac sphincter, which prevents it from coming back out the way it came in.

The inside of the stomach is a hostile environment, where the cells lining the walls pump out hydrochloric acid and protein-digesting enzymes. The presence of food triggers stretch receptors in the stomach lining, which in turn trigger a series of rhythmic contractions. These churn the stomach contents, mixing in the acid and enzymes, grinding down the food.

At the bottom of the stomach there is a second ring of muscle called the pyloric sphincter, which acts as a gatekeeper to the small intestine. The sphincter prevents

anything larger than about two centimetres (0.8 inches) in diameter passing through, returning it to the body of the stomach until it has been ground down further. This ensures that by the time it reaches the small intestine, your food is a runny, slightly lumpy paste, and is ready for the next stage of digestion.

The small intestine is the site of chemical digestion. Here, the pancreas adds digestive enzymes, and the liver adds a generous squirt of alkaline bile, delivered via the gall bladder. This bile not only neutralises the burning stomach acid, it also acts a little like washing-up liquid on dirty dinner dishes, helping to separate the food particles and forcing fats to disperse into tiny bubbles.

Muscles in the small intestine continue to squeeze and mix the contents together, allowing the enzymes to get to work inside the paste. As the nutrients are released, they are then absorbed over the walls of the intestine and into the bloodstream.

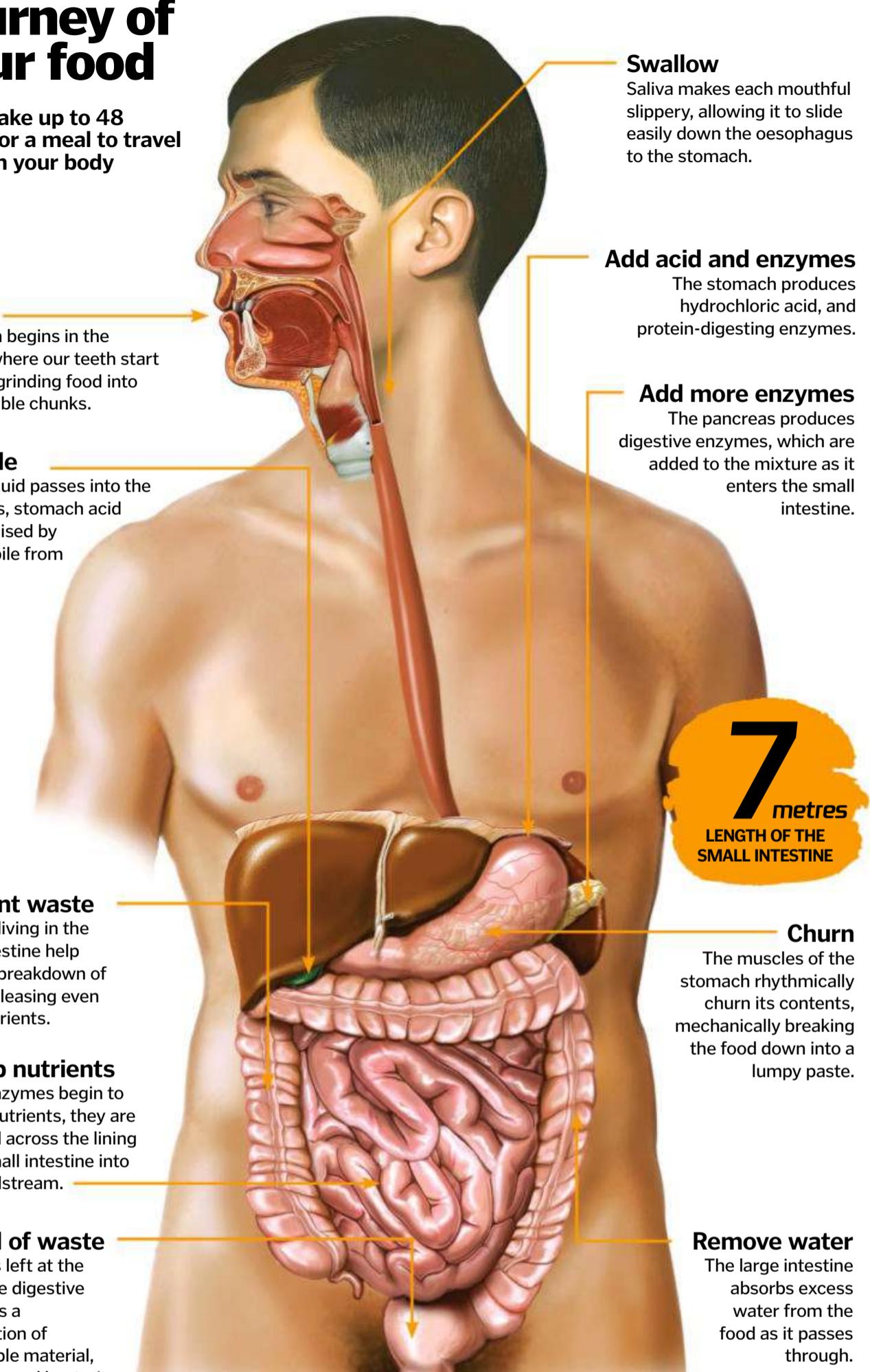
To ensure that everything keeps moving through the system, every five to ten minutes a wave of muscle contractions begins at the stomach and travels all the way down the intestines. Known as the migrating motor complex (MMC), this wave squeezes the digestive system like a tube of toothpaste, urging its contents further toward the colon.

As the food progresses through the system to the small intestine, more and more of the nutrients are released by enzyme activity, and by the time it reaches the large intestine, most of the useful material has been absorbed into the bloodstream. However, the digestive process is not yet over, and here, bacteria help to break down even more of what's left of the undigested food.

The large intestine also absorbs most of the remaining water, leaving behind a combination of undigested material, dead cells and bacteria. When the waste has completed its journey through the large intestine it goes to the rectum for storage until there is a convenient time to get rid of it.

Journey of your food

It can take up to 48 hours for a meal to travel through your body



Food chain

Energy from the Sun is converted into chemical energy by photosynthetic organisms like plants. The plants use the energy to build biological materials from nutrients in the air and soil. Herbivores then consume the plants, releasing some of the energy, and using the components to build their own bodies. Carnivores then eat the herbivores. When plants and animals die, decomposers break their bodies down, returning nutrients to the ground for reuse, and the cycle begins again.

1 The Sun

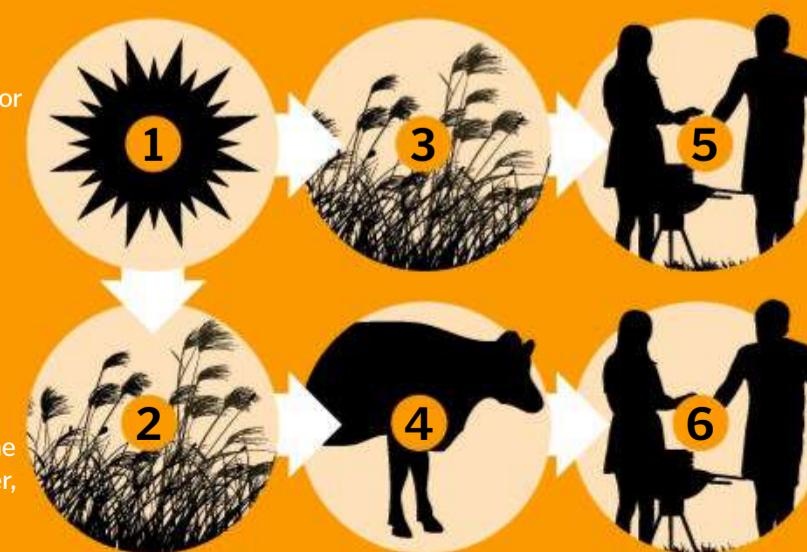
On average, every minute the Sun delivers 2kcal of energy for every cm^2 (0.2in 2) of Earth.

2 Inefficient conversion

Less than five per cent of the available energy from the Sun is converted into chemical energy by plants.

3 Producer

Plants use the energy from the Sun to combine CO_2 and water, producing chemical energy in the form of sugars.



4 Herbivore

Herbivores can digest plant material, but the process is difficult, and they can only extract around ten per cent of the energy.

5 Energy loss

At every step up in the food chain, some of the energy is lost, mostly as heat.

6 Carnivore

Carnivores get easy energy by digesting the tissues of other animals.



Sense of taste

Taste tells us whether our food is safe to eat, but smell gives it flavour

The human tongue is able to detect five different tastes: sweet, sour, salty, bitter and umami (savoury), providing us with a quick way to distinguish between different types of food. Sweet foods contain sugar and are a good source of energy. Salty foods provide sodium, which is vital for nerve function, but deadly in high quantities. Bitter foods might contain poison.

Babies are born with a natural preference for sweet food and a dislike of bitter, providing a biological safeguard that encourages them to eat safe, high-calorie food. However, nutrition is not that simple. Many vegetables are bitter but not poisonous and so learning to like them comes with experience.

The degree to which we can detect different tastes varies, and appears to be dictated by our individual anatomy. The population can be broadly divided into three categories based on the number of taste buds on their tongue. Those with the fewest are known as 'non-tasters', those with an average number are known as 'tasters', and those with many more taste buds than the rest of the population are 'supertasters.' Supertasters are especially sensitive to taste and will react much more strongly than the rest of the population. As a result, they tend to really dislike bitter foods like green vegetables and coffee, and often shy away from rich desserts and sugary sweets.

Though these anatomical differences can explain some of our food preferences, most of our individual likes and dislikes are not down to taste, but to flavour; the combination of taste and smell.

The act of chewing food releases chemicals known as volatiles, which evaporate rapidly. As we swallow, some of the air inside the mouth is forced up toward the nose, carrying these volatiles with it. Here, they bind to receptors on olfactory cells, triggering sensory messages to the brain.

Recently, scientists have found that these olfactory receptors can detect as many as 1 trillion different odours. Taste and smell are strongly linked to emotion and memory, and as a result, experience is a powerful decider in the development of our likes and dislikes.



Anatomy of a human tongue

Contrary to popular belief, all five tastes can be detected almost anywhere on the tongue

Muscle

There are eight muscles in the tongue that alter its shape and change its position.

Posterior tongue

About a third of the tongue is hidden right at the back of the mouth.

Papillae

The tongue is covered in tiny bumps, but not all of them contain taste buds.

Filiform papillae

Most of the tongue is covered in thin, rough bumps that contain no taste receptors.

10

TASTE CELLS ARE REPLACED EVERY TEN DAYS

What is a taste bud?

Pore

A tiny gap at the top of the taste bud allows saliva to touch the taste cells.

Support cell

The taste cells are surrounded by an envelope of non-tasting support cells.

Synapse

Taste cells do not transmit the signals to the brain themselves, instead passing the message over to a nerve cell.

Circumvallate papillae

These large bumps are found at the back of the tongue, each surrounded by a dip that collects saliva.

Blood supply

The tongue receives blood from the lingual artery and it drains out through the lingual veins.

Nerves

The front and back of the tongue send taste information to the brain.

Foliate papillae

These contain taste receptors and are located on the back edges of the tongue, where saliva drips down the cheeks.

Anterior tongue

The visible part of the tongue is responsible for the majority of taste detection.

Gustatory hair

Each taste cell ends with a tiny hair, covered in receptors that allow it to detect chemicals dissolved in the saliva.

Basal cell

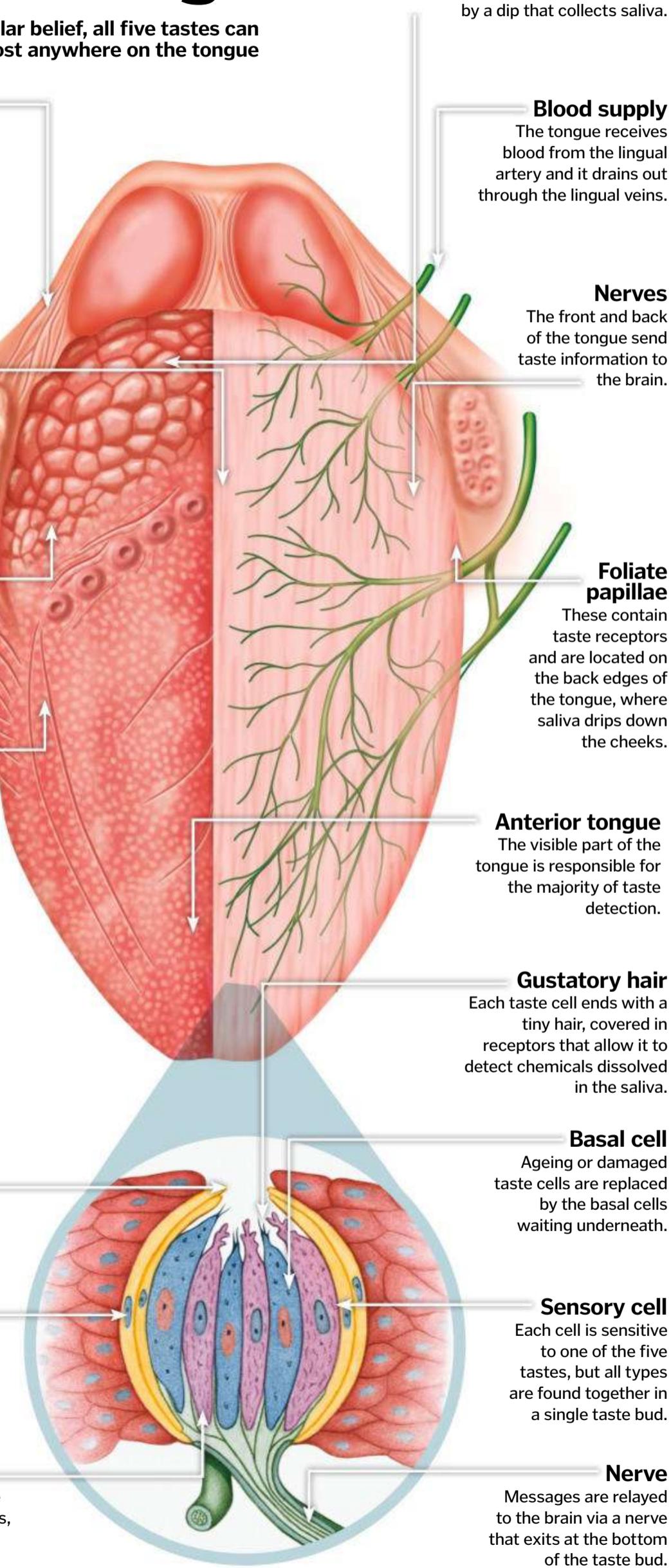
Ageing or damaged taste cells are replaced by the basal cells waiting underneath.

Sensory cell

Each cell is sensitive to one of the five tastes, but all types are found together in a single taste bud.

Nerve

Messages are relayed to the brain via a nerve that exits at the bottom of the taste bud.



Inside the stomach

This muscular bag turns your dinner into an acidic soup

The stomach acts as a holding chamber, receiving food from the mouth and preparing it to be processed in the small intestine. At rest, the stomach is around the size of a fist, and its lining is curled into a convoluted network of folds known as rugae. As you eat, these folds stretch out, allowing an adult to eat around a litre (0.26 gallons) of food in one sitting. Stretching of the stomach walls triggers rhythmic contractions, mixing the food with acid and protein-digesting enzymes, grinding it to a paste in preparation for the next stage of digestion.

Duodenum

The stomach empties its contents into the first section of the small intestine.

Pyloric sphincter

A ring of muscle at the base of the stomach prevents the contents from leaking out before they are ready.

Oesophagus

Food travels from the mouth to the stomach via a muscular tube that runs behind the windpipe.

Cardiac sphincter

A ring of muscle at the top of the stomach stops the acidic contents moving back into the oesophagus.

Antrum

The bottom part of the stomach generates powerful grinding contractions.

Fundus

Excess gas is collected at the top of the stomach, where it can be pushed out and up by the diaphragm.

Rugae

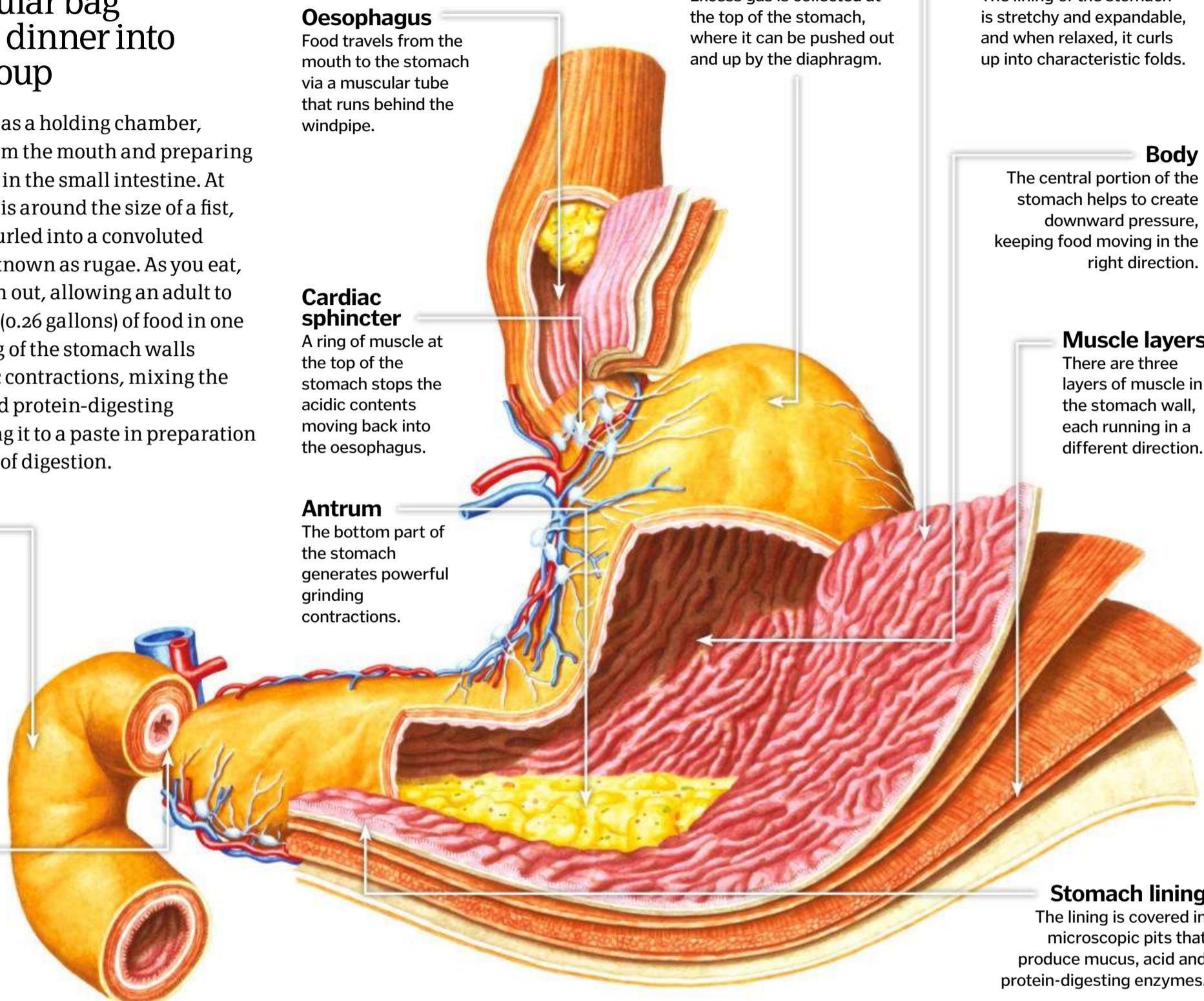
The lining of the stomach is stretchy and expandable, and when relaxed, it curls up into characteristic folds.

Body

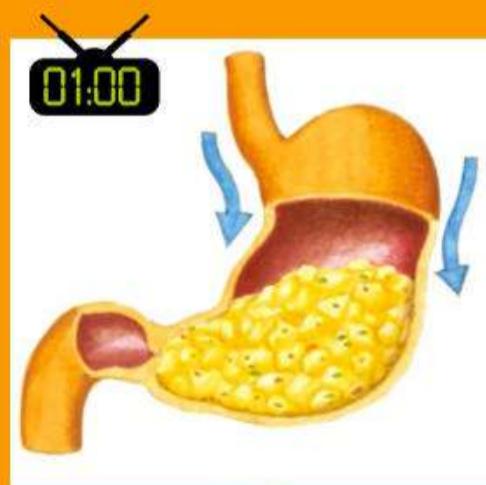
The central portion of the stomach helps to create downward pressure, keeping food moving in the right direction.

Muscle layers

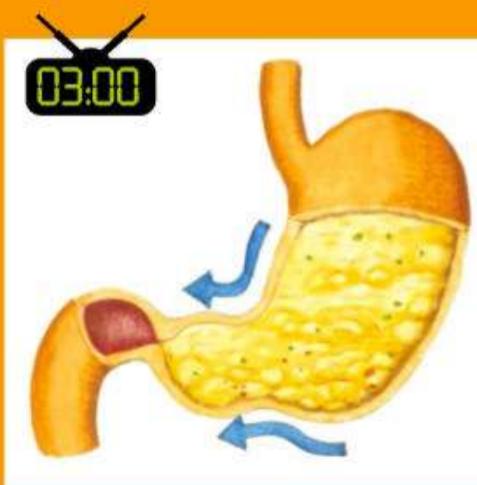
There are three layers of muscle in the stomach wall, each running in a different direction.



How long does it take to digest food?



The sight, smell and even the thought of food begin to prepare the stomach for a meal, so by the time the swallowed mouthfuls start to arrive, it is already producing more acid.



Stretching and irritation of the stomach trigger it to turn up acid and enzyme production and to start churning. For the first 20 to 30 minutes after eating a meal, no food is allowed to leave.

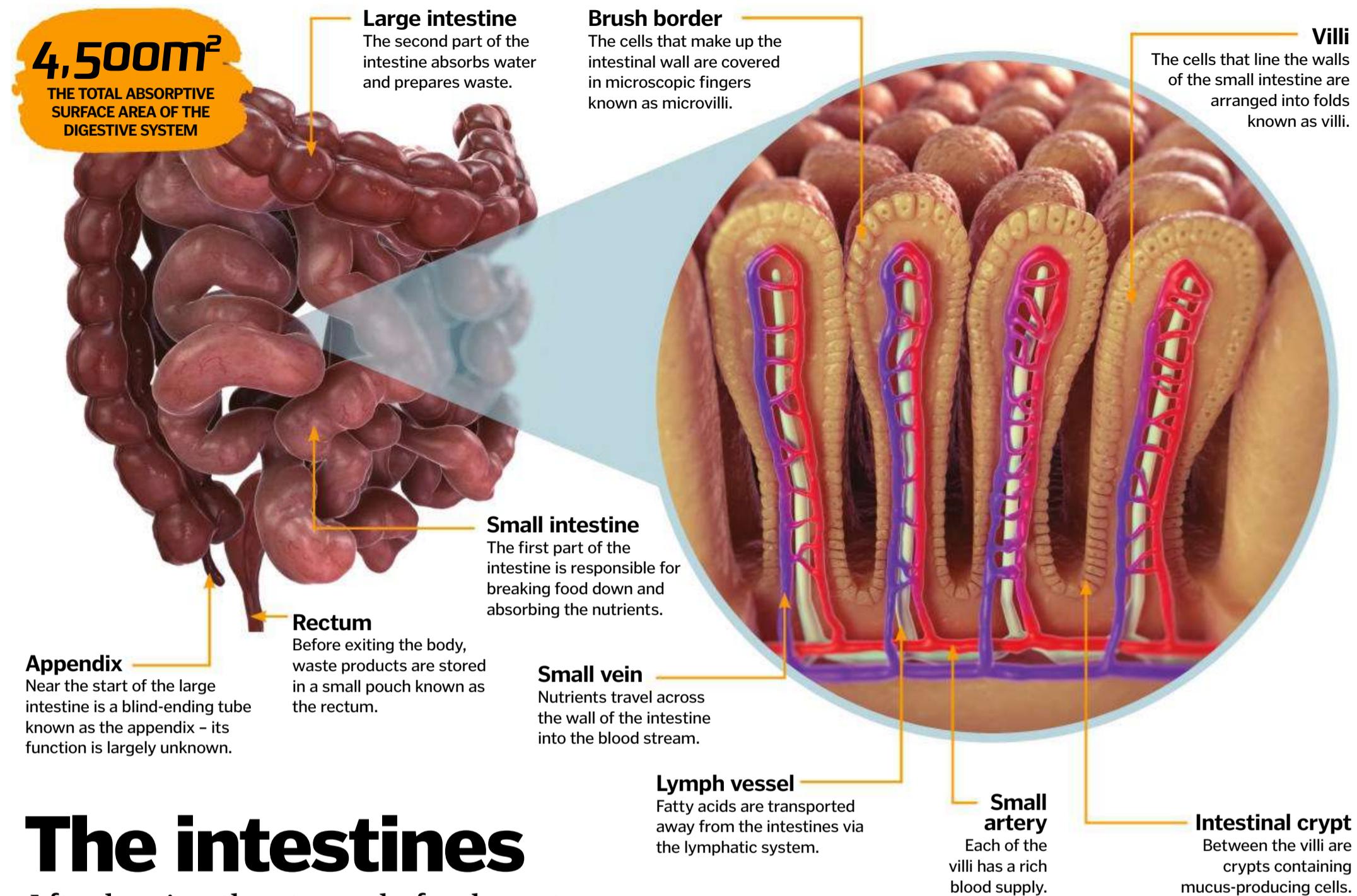


To stop the stomach emptying too quickly, protein and fat are monitored in the first part of the small intestine. If too much food comes through, the intestine sends signals to slow the stomach down.

Chewing the fat

Fat has a bad reputation, but the truth is, your body needs it

Every single cell in your body is surrounded by a membrane made of fats; it insulates your nerves and it provides a valuable energy reserve. Eating fat also provides a number of vitamins and essential fatty acids the body can't make on its own. Saturated fats (the solid fats found in meat and dairy) and trans fats (found in hydrogenated vegetable oil and many processed foods) have shown to raise cholesterol, which can lead to circulatory problems, but unsaturated fats (the liquid fats found in plants and fish) can have the opposite effect, and are considered good for your health.



The intestines

After leaving the stomach, food must pass through over 7m (23ft) of intestines

The stomach contents enter the intestine gradually, allowing time for the liquid food to be processed. First the acid is neutralised by bile, provided by the liver, and then digestive enzymes

are added by the pancreas. The enzymes act like molecular scissors, breaking proteins, carbohydrates and fats down into building blocks small enough to be carried over the wall of the

small intestine. The remaining undigested material passes into the large intestine, which absorbs water, leaving behind solid waste that can then be passed out of the body.



Living with bacteria

Bacteria are often portrayed as the 'bad guys' of the body, but the proportion that cause food poisoning is surprisingly small. In fact, bacteria start to move into your digestive system from the moment you are born, and a healthy adult has around 300 to 500 different resident species living in their large intestine at any one time.

The upper parts of the digestive system are hostile to microorganisms; the stomach is highly acidic and the small intestine is filled with digestive enzymes, but the large intestine provides the perfect environment for sustaining a microscopic world.

By the time food reaches this point, our digestive enzymes have done their work and

most of the nutrients have been absorbed, but bacteria have a different set of enzymes. They are able to break indigestible material down even further, allowing us to absorb even more nutrients, mainly in the form of fatty acids.

The presence of these helpful bacteria also means there is little space or resources left for dangerous pathogens, helping to keep infections at bay.

The gut and its resident bacteria are in constant communication, picking up on chemical signals released into the environment. These signals can have far-reaching effects, and the types of bacteria present in your intestines have been shown to influence other organs, including the brain.

The first part of the digestive system prepares the food for the next stage, ensuring it is broken into a fine paste, mixed to form a homogenous fluid, and shocked with acid to limit the potential for dangerous infection. However, it is not until food reaches the small intestine that the microscopic breakdown and absorption of nutrients really begins.

At the start of the small intestine, the liver injects alkaline bile into the acidic liquid food, neutralising its pH and preparing it for the introduction of digestive enzymes.

Bile also helps to emulsify fats. Fats are not water soluble, so they tend to clump together in large globules to hide from and avoid the surrounding water, but bile acts a little like washing-up liquid, separating the fats out into smaller blobs.

Now that the food is nicely mixed and separated, the enzymes can get to work. The pancreas produces a cocktail of three kinds of

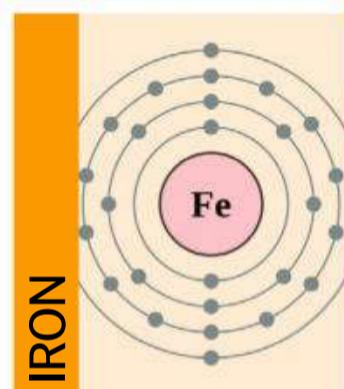
enzyme, each used to break down a different type of molecule. Proteases clip amino acids from proteins, lipases break fats down into fatty acids and glycerol, and carbohydrases turn long chains of carbohydrate into sugars. These small blocks can be absorbed into the bloodstream, where they're distributed around the body, used to build our own biological molecules, or broken down and burnt for energy. The body requires different quantities of each of the nutrients, and can sometimes convert one into another if supplies are running low. However, there are a number of nutrients that cannot be synthesised by the body at all or in high enough quantities, and these must be obtained directly from the diet. These essential nutrients include some types of amino acids, fatty acids like omega-3 and omega-6, and all of the vitamins and minerals needed.

Vitamins and minerals are organic and inorganic compounds required by the body in small amounts for various different functions.



Some of these, like calcium, make up vital structural components of our bodies, while others, like vitamin C, are involved in biochemical reactions.

MOLECULE / VITAMIN



IRON

FOOD YOU'LL FIND IT IN

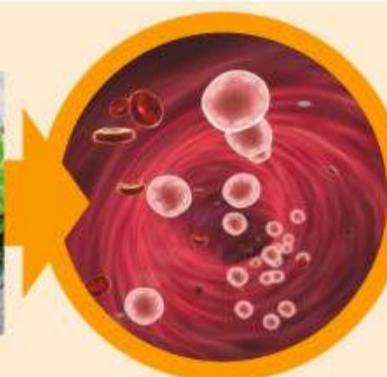
IRON-RICH FOOD



Egg yolks

Red meat

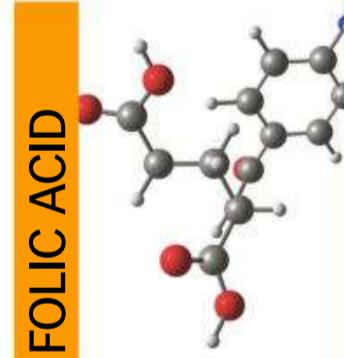
Spinach



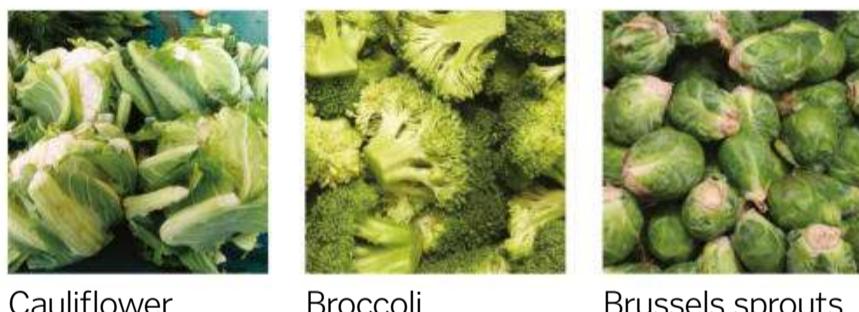
WHAT THE BODY USES IT FOR

Iron is a key component of haemoglobin, the red pigment that carries oxygen in our blood. Without it, oxygen cannot be transported effectively, resulting in iron-deficiency anaemia. This is most often caused by blood loss, so as a result, women are much more likely to be deficient of iron than men.

FOLIC ACID



GREEN LEAFY VEGETABLES



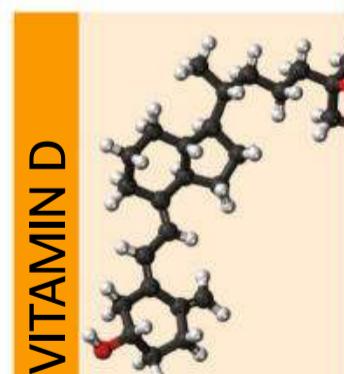
Cauliflower

Broccoli

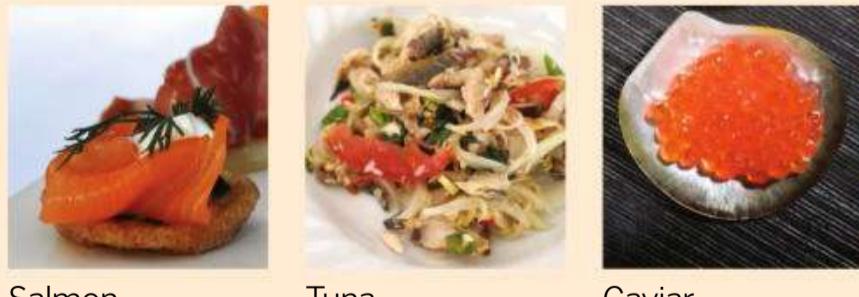
Brussels sprouts



VITAMIN D



OILY FISH



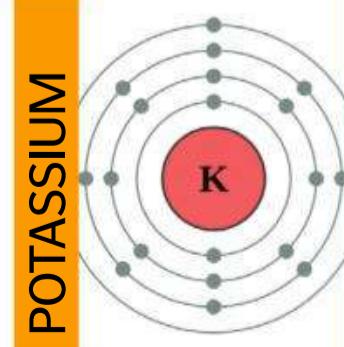
Salmon

Tuna

Caviar

Vitamin D is involved in bone formation in the body, so deficiency of vitamin D in children can result in bone deformity. Luckily, this vitamin is easy to obtain. Not only can vitamin D be found in oily fish, eggs and dairy products, but our bodies can also make it themselves using sunlight.

POTASSIUM



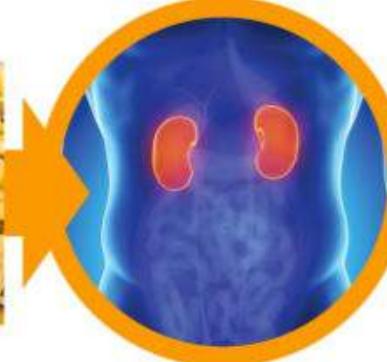
FRUITS



Dried apricots

Avocados

Bananas



Cells use a combination of potassium and sodium to maintain their internal electrical balance. Potassium is vital to ensure muscles are able to contract properly and nerves are able to transmit their messages. It is easily obtained in the diet and deficiency is incredibly rare unless there is damage to the kidneys.



Hunger is one of the body's most basic and fundamental sensations, and it originates in the stomach. When the stomach is empty, it begins to produce a hormone known as ghrelin. This then travels to a region of the brain known as the hypothalamus.

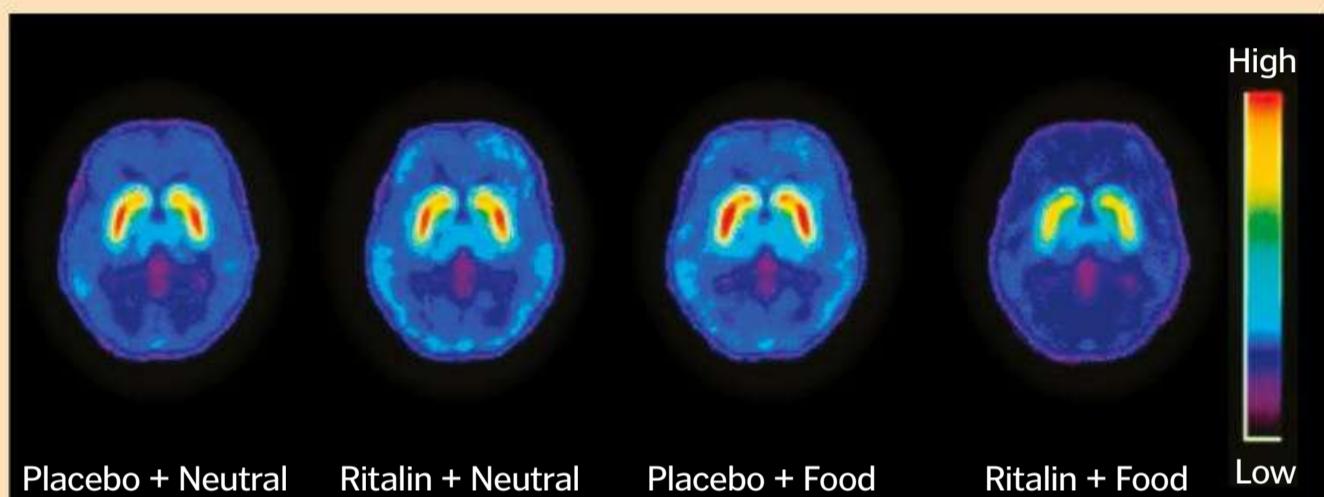
The hypothalamus is responsible for maintaining a constant, optimum state; keeping the body at a set temperature, regulating hormones and monitoring hydration. The arrival of ghrelin is a signal that energy levels might be about to dip, so it triggers the production of a second hormone, neuropeptide Y. This hormone promotes eating.

The cue to stop eating is much more subtle. The stomach has stretch receptors, and will signal to the brain that it is full. But what happens if the stomach is empty, but there is already enough energy stored in the system? Fat stores produce a hormone known as leptin, which tells the brain exactly how much energy the body has in reserve. When leptin levels are high, the hypothalamus



Food addiction
Research into food addiction is relatively new and the results are hotly debated, but there is increasing evidence that food can elicit some of the same brain responses as addictive substances like cocaine. In overweight people, overeating can become a compulsion that is difficult to control, and has been

shown to activate the same reward pathway that lights up when addictive drugs are ingested. In alcoholics, cocaine addicts and heroin addicts, the number of dopamine receptors in the reward pathway is lower than in the rest of the population and the same thing is found in obesity. It is thought that people with fewer dopamine receptors might need to over-stimulate their brains to experience the same rewards as normal people, and therefore turn to alcohol, drugs, or perhaps even food.



Food and the brain Why do we crave these foods?



Comfort food

When we are feeling stressed or sad, many people turn to comfort foods such as mashed potatoes, beans on toast or macaroni cheese. Carbohydrates not only make us feel warm and full, they actually increase levels of serotonin, sometimes known as the happy hormone.



Sweets

Sugary foods are craved for many reasons, the simplest of which is that your body needs an energy boost. However, eating sugar is just a temporary fix, and as the sugar is rapidly cleared from the blood, the craving will quickly return.



Salty snacks

Animals have what is known as a 'salt appetite', similar to thirst, which drives them to seek out salt when they are running low. However, there is little evidence for an equivalent trait in humans. Men are more likely to crave salty foods than women, though.

makes hormones that suppress appetite. The trouble is that with high levels of fat, we can become resistant to the leptin message, similar to insulin resistance in type-II diabetes. If the brain does not know there is enough fat, we just keep eating.

Cravings are slightly different. These are generated not in the stomach, but in the brain. There are three main areas of the brain implicated in food cravings, the hippocampus, the insula and the caudate.

Humans have been programmed through evolution to enjoy fatty and sugary foods; eating them ensures we have enough energy to survive. The hippocampus is involved in gathering sensory information, and processing it for long-term memory storage, and with food cravings, these memories become associated with activation of the brain's reward circuitry. The more we enjoy eating a food, the more likely we are to crave it.

Mental images are thought to play an important role in food cravings and picturing food makes it much harder to resist. But thinking about other visual images can help to curb the cravings and distract your brain.

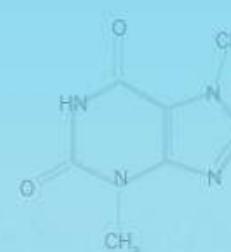
Digestion happens subconsciously, but you do have a manual override, and what your brain thinks it wants isn't always what it needs.

CHEMISTRY OF FOOD

Take a look at the chemicals behind some of our favourite foods and drinks

Tea

In England, drinking tea is a national pastime. The main chemicals in tea are known as polyphenols, and each cup contains around 200 milligrams (0.007 ounces). The polyphenols are large molecules made up of smaller building blocks, which are known as catechins. When these catechins react with oxygen, they make two types of chemical; theaflavins, which make the orange-brown colour of tea, and thearubigins, which are thought to contribute to the taste. The different amounts of the chemicals present in the tea are very dependent on the life of the plants and the processing of the leaves.



Chocolate

Chocolate is one of the foods most commonly associated with happiness, particularly the hormone serotonin. The chocolate itself does contain the precursor to serotonin, an amino acid known as tryptophan, but this is also found in many other foods, including meat. Chocolate also contains phenylethylamine, a molecule chemically similar to amphetamine, but it is broken down in the digestive system, and does not reach the brain intact. The feel-good factor of chocolate is more likely to be down to its fat and sugar content, and a property known as mouthfeel. Chocolate is among the only foods that melts at close to body temperature.



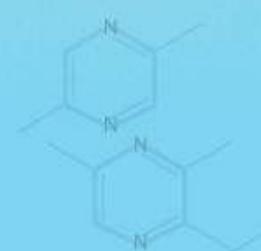
30 CM

THE LENGTH OF AN AVERAGE STOMACH AFTER A MEAL

Coffee

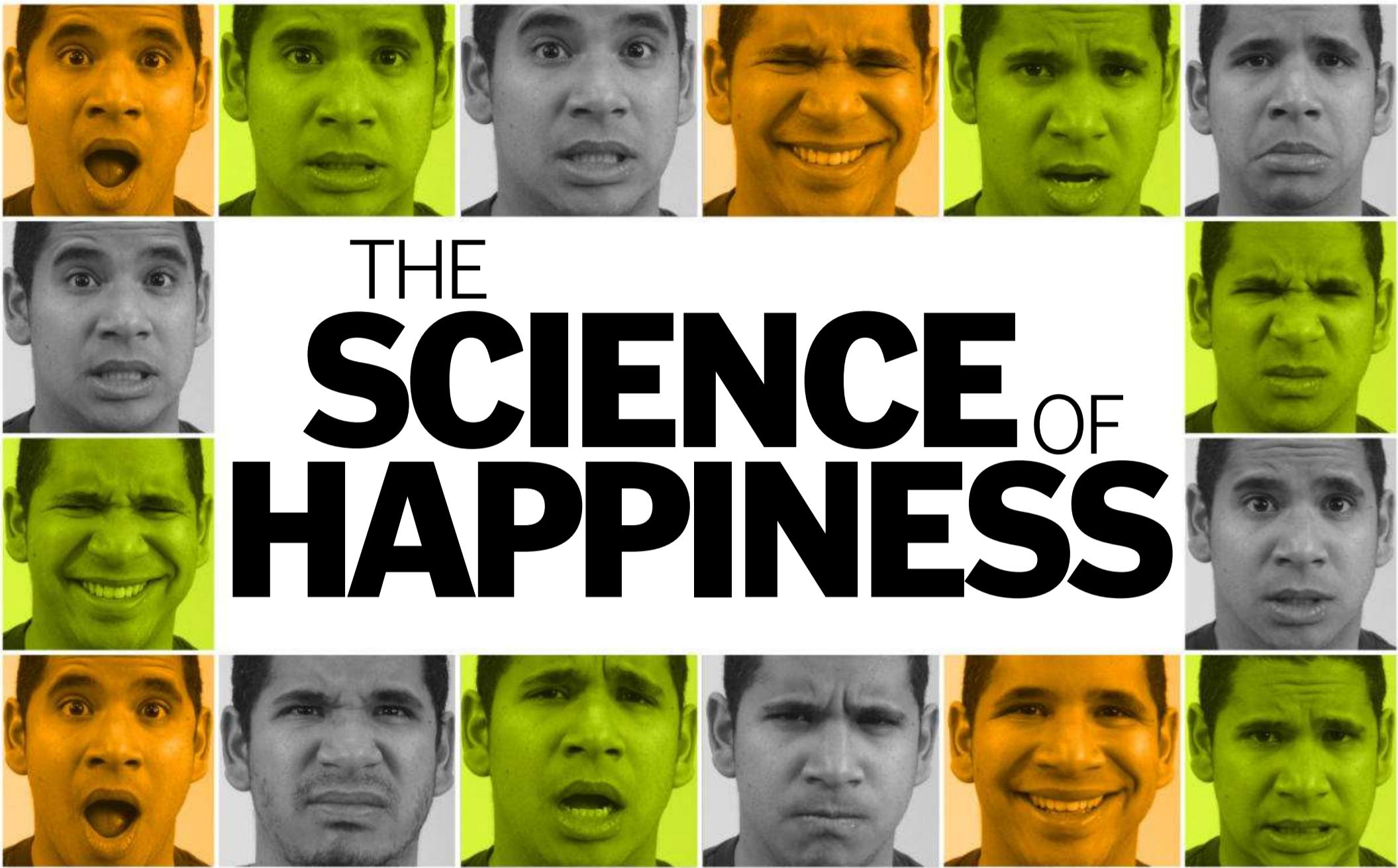
Coffee contains over 1,000 different aroma compounds, responsible for its unmistakable smell.

Around 12 per cent of the green coffee bean is made up of a set of chemicals known as chlorogenic acids, and when the beans are roasted, most of these acids begin to break down. Some produce the brown-coloured compounds that give coffee its characteristic dark colour, while others produce the bitter-tasting chemicals responsible for its taste. Coffee also contains high quantities of caffeine, around 100 milligrams (0.0035 ounces) in every cup. It works on receptors in the heart and brain, blocking the action of a natural neurotransmitter and acting as a stimulant.



Bacon

The distinctive smell of bacon is, as most of us have probably experienced, hard to resist. That fact is all down to the chemistry of cooking meat. As the bacon is heated, the amino acids that make up the muscle protein react with reducing sugars present in the bacon fat. This process, known as the Maillard reaction, occurs only at high temperatures and produces over 150 different volatile molecules, each able to interact with different smell receptors in the nose. Most of the delicious smell of bacon is attributed to a group of nitrogen-containing compounds known as pyridines and pyrazines.



THE SCIENCE OF HAPPINESS

Human emotions are governed by a complex mix of chemicals and electricity – learn all about our moody biology...

The human brain weighs just over a kilogram (2.2 pounds) and plays host to an estimated 86 billion neurons, and at least as many supporting glial cells. Signals are transmitted along each nerve electrically, by gradients of charged ions, and each neuron makes hundreds of connections to those around it.

At each of the 300 trillion synapses in the human brain, chemicals known as neurotransmitters relay messages from one nerve to another. Each neurotransmitter has a set of corresponding receptors, which can be activatory or inhibitory, helping nerves to fire, or suppressing their activity. This enormous chemical and electrical system provides the complex network that enables us to feel emotion, from the all-consuming addiction of love, to the raw devastation of grief.

Techniques like functional magnetic resonance imaging (fMRI) have helped reveal areas of the brain involved in processing different emotional responses. This data, in combination with case studies of patients with damage to certain areas of their brains, and

information gathered from investigations in animals, has enabled us to draw up a map of emotional connections in the body.

A notable area of the brain when it comes to mood is the limbic system (see opposite) – a small cluster of interconnected regions involved in memory storage and decision-making. The limbic system is directly connected to the olfactory bulb, which processes incoming smell signals from the nose, providing the biological link that allows odours to recall a memory. Research by the Kavli Institute for Systems Neuroscience in Norway found that smell-based memories are triggered with the activation of corresponding brain waves to those experienced on initially experiencing the scent.

The nucleus accumbens links the limbic system to other areas of the brain also involved in the processing of emotion. For instance, the basal ganglia, at the base of the forebrain, has been well studied for its role in the planning and co-ordination of movement, but certain areas also light up in response to positive emotional stimuli and are thought to be

Compound emotions

Research by Ohio State University found that we may have as many as 21 distinct and complex emotional expressions – a few demonstrated in the images above. Hybrid emotions include being 'angrily surprised' or 'happily disgusted' and appear when conflicting feelings are experienced simultaneously. For instance, you may be sad something has ended but happy that you have experienced it. Previous studies suggested that we only had six emotions.

involved in reward and reinforcement. Damage to part of the basal ganglia, known as the ventral pallidum, causes anhedonia – the inability to experience pleasure. The orbitofrontal cortex, located above the eyes, also activates in response to positive experiences, and is thought to play a role in evaluating reward versus punishment.

Another approach to the study of complex emotions like happiness is to break them down into smaller parts. Pleasure is evolutionarily ancient and is based on a chemical reward system that acts as a biological incentive to repeat beneficial behaviour. There are several

DID YOU KNOW? Serotonin is found in some insect venom and plant spines; it can cause pain, tingling and nausea

The emotion control centre

Discover the key elements of the limbic system, one of the main regions of the brain which processes our feelings

Hypothalamus

The limbic system influences the rest of the body through nerve and hormone signals transmitted via the hypothalamus and pituitary gland.

Synapse

Sensations travel round the body via nerves, linked by electrical synapses, connecting the brain and body to marshal our emotional responses.

Fornix

This bundle of nerve axons carries signals from the hippocampus to the hypothalamus.

Septal nuclei

The septal nuclei act as a crossover point for many connections in the limbic system, described as a 'pleasure zone'.

Hippocampus

The two horns of the hippocampus are involved in converting short-term memory to long-term memory.

Amygdala

These two almond-shaped bundles of brain cells co-ordinate the behavioural and physiological response to incoming emotional stimuli, particularly fear and anxiety.

Olfactory bulb

Incoming information from the nose is passed directly through the limbic system, which is why scents are so closely tied to our emotions and memories.

How do drugs alter our mood?

Humans have been modifying their brain chemistry for medical, religious and recreational purposes for centuries, despite the many risks. Stimulants like caffeine, nicotine, cocaine and amphetamine affect the release of the fight-or-flight chemicals adrenaline and noradrenaline, increasing alertness. While euphorants like MDMA cause a surge of serotonin, which in turn leads to the release of bonding hormone oxytocin, resulting in a sense of euphoria.

Depressants, including sedatives, hypnotics and alcohol, work on the GABA receptor system to dampen brain activity. GABA is an inhibitory neurotransmitter, and blocks nerve activity, resulting in relaxation and reduced anxiety. Some depressants have anti-convulsant effects, so are used as a treatment for epilepsy.

Opioids also modulate nerve signals. Opium, along with related drugs like morphine, have a similar structure to natural endorphins and bind to their receptors in the brain and spinal cord, resulting in pain relief and euphoria.

Emotional messengers

Dopamine

This neurotransmitter feeds the reward pathway in the brain and is involved in motivation, drive, pleasure and addiction. Abnormally high levels of dopamine are linked to loss of contact with reality, delusions and lack of emotion, while low levels are linked to addictive behaviour and risk taking.

Serotonin

First recognised for its ability to constrict blood vessels, serotonin has since become widely regarded as the 'happiness hormone'. Chemically known as 5-hydroxytryptamine (5-HT), increasing the serotonin level in the brain is the main goal of medical antidepressants.

Noradrenaline

Related to adrenaline, this neurotransmitter is a stress hormone that co-ordinates the fight-or-flight response. It mediates many of the physical components of emotion, including raised heart rate, and also acts in the brain to enhance alertness, cognition and decision-making behaviour.

Beta-endorphin

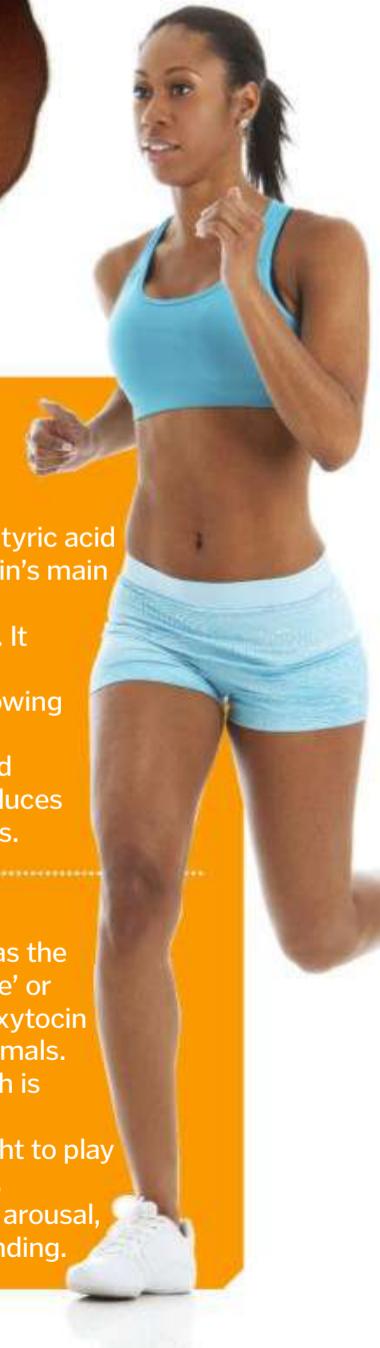
Endorphins are natural opioids, produced in response to pain, excitement and exercise (pictured). Beta-endorphin binds to the same mu receptors as pain-relieving morphine. Present on nerves in the brain and spinal cord, they modulate neural activity, causing mild sedation, relieving pain and inducing joy.

GABA

Gamma-aminobutyric acid (GABA) is the brain's main inhibitory neurotransmitter. It subdues nerve transmission, allowing neurons time to recover. Increased GABA activity reduces anxiety and stress.

Oxytocin

Often described as the 'bonding hormone' or 'love hormone', oxytocin is unique to mammals. Although research is still in its infancy, oxytocin is thought to play a role in intimacy, childbirth, sexual arousal, trust and pair bonding.





'reward pathways' in the brain, but the most studied is the mesolimbic pathway.

The pathway transmits dopamine signals from nerves in the middle of the brain, upward and forward, to the limbic system and the prefrontal cortex, which are involved in emotional processing. Under normal conditions, this pathway serves as a motivator for positive actions, producing pleasurable feelings that reinforce beneficial behaviour like eating high-calorie food, social interaction and reproduction. Activation of the pathway also aids in memory retention, increasing the likelihood that the action will be repeated in the future.

Unfortunately, the pleasurable feedback is so strong that abuse of the pathway is common. Many illicit substances, including cocaine, amphetamine and MDMA, affect the mesolimbic pathway, resulting in a pleasurable reward, but also contributing to habituation and addiction.

It's not all about the brain though. The feelings associated with emotions are the result of a complex mixture of incoming sensory messages that come from all over the body.

The autonomic nervous system (more commonly known as ANS) is the subconscious arm of the peripheral nervous system, and is responsible for bodily functions that are not

Can we fake a smile?

Faking emotions is harder than it seems. Humans are social animals and have evolved extremely good facial recognition skills – so if something isn't quite right, we are quick to notice. The muscles around our mouths are under fine voluntary nerve control, which not only provides the range of motion required for speech, but also enables us to fake a smile. But people are not easily deceived. Facial expressions involve a multitude of subtle, involuntary muscle movements, and re-creating them is incredibly difficult. The forehead and eyebrows are particularly challenging, as the muscles are mostly under subconscious control. It is hard to achieve the same expression with voluntary muscle contraction, and our eyes are often the biggest giveaway when a smile isn't genuine.

Laughter vs stress

These two opposing states have very different effects on the body, as we reveal here...

Euphoria

Laughter causes the release of endorphins – natural opiates that give a sense of wellbeing.

Reduced pain

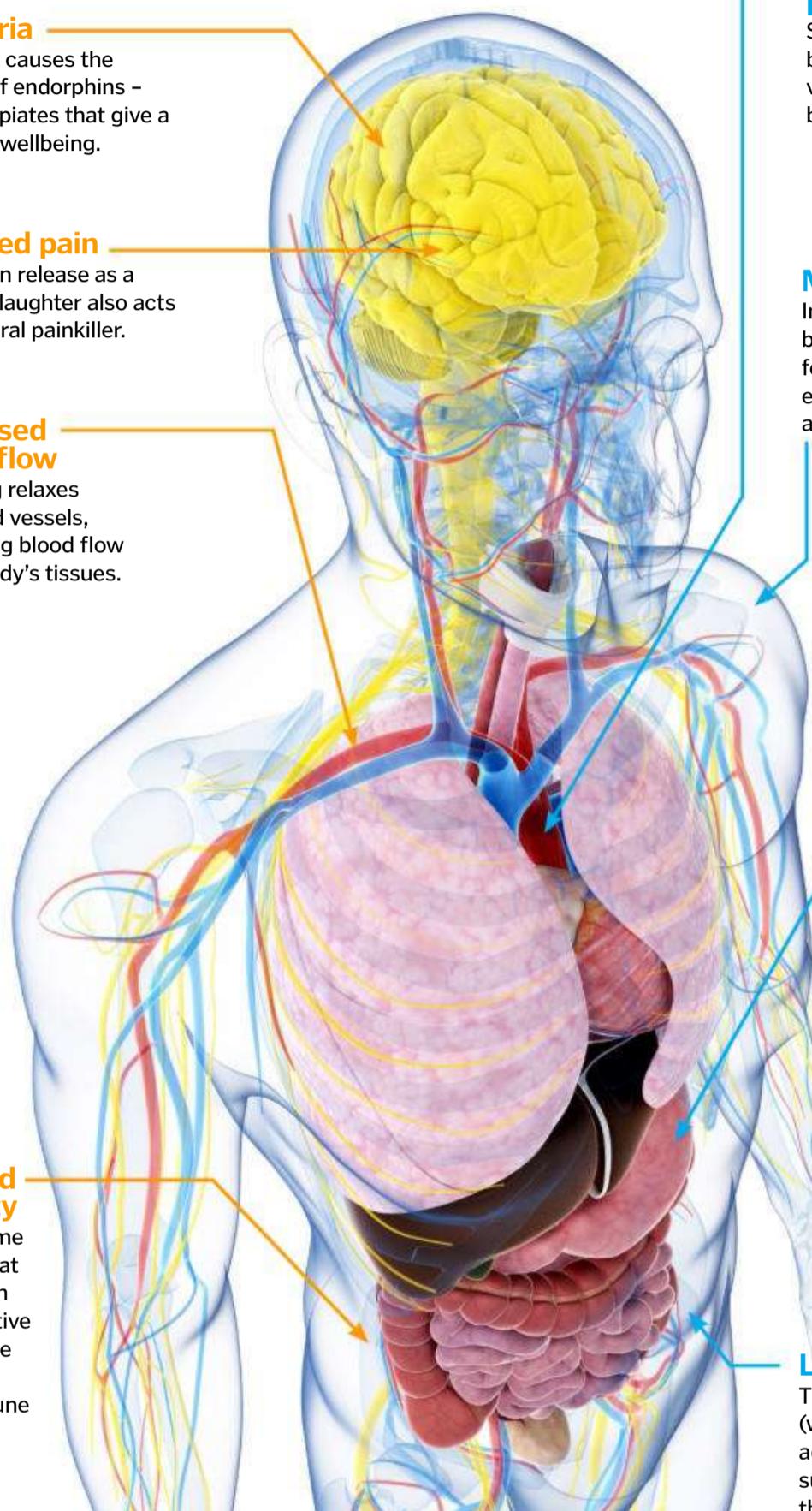
Endorphin release as a result of laughter also acts as a natural painkiller.

Increased blood flow

Laughing relaxes the blood vessels, increasing blood flow to the body's tissues.

Improved immunity

There is some evidence that laughter can have a positive effect on the function of the immune system.



Raised blood pressure

Stress causes the heart to beat faster and the blood vessels to constrict, raising blood pressure.

Muscle tension

In response to stress, the body prepares the muscles for activity; very strong emotions like anxiety and anger can lead to shaking.

Stomach cramps

In emotionally challenging situations, the brain diverts blood away from the digestive system, prioritising the muscles and brain.

Sweaty palms

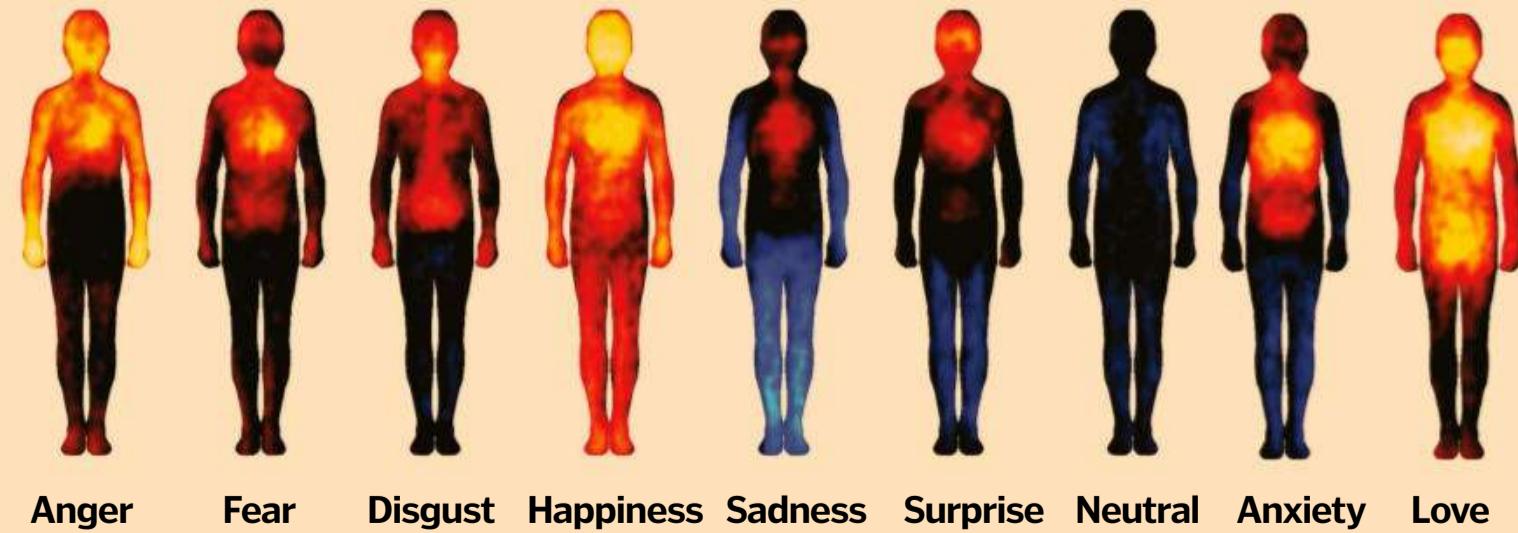
As part of the fight-or-flight response, the sympathetic nervous system activates sweat glands on the hands, feet and in the armpits.

Lowered immunity

The stress hormone cortisol (which is produced in the adrenal glands; not shown) suppresses the activity of the immune system.

Mapping out emotions

The complex human emotions are the result of sensory signals from the rest of the body. Researchers at Finland's Aalto University charted the areas of the body most commonly associated with different feelings to produce maps of where we experience the major emotions. The images demonstrate how different emotions trigger different levels of sensation around the body. Here high levels of sensation are represented with warmer hues, and vice versa.



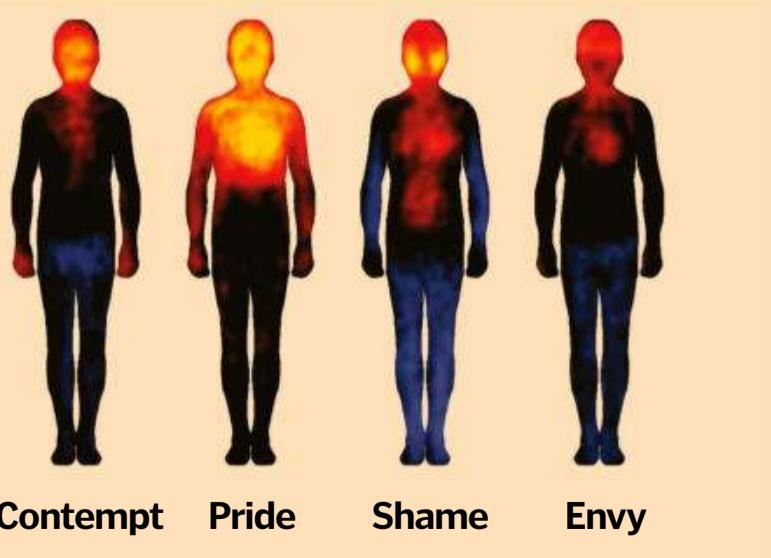


under our voluntary control, such as heart rate, digestion and sweating; it too is wired in to the limbic system.

The ANS has two distinct components with opposing functions. The sympathetic nervous system uses the neurotransmitters adrenaline and noradrenaline to prepare the body for 'fight or flight', raising the heart rate and mobilising resources to fuel the muscles. The parasympathetic nervous system uses acetylcholine to allow the body to rest and digest, slowing the heart and breathing, and diverting the blood supply to the gut.

Fight or flight

The autonomic nervous system is responsible for the control of heart rate, blood pressure and respiration, and governs the function of most of the internal organs. It's divided into two parts. The sympathetic nervous system is responsible for the fight-or-flight response and is behind raised heart rate, sweating, nausea and shaking associated with action-based emotions like anger and anxiety. While the parasympathetic nervous system has the opposite effect and plays a bigger role in more passive emotions like sorrow and contentment.



Sensory feedback produced by the effects of the autonomic nervous system contribute to many of the familiar feelings associated with emotions. Stimulation of the heart by adrenaline and noradrenaline as part of the fight-or-flight response produces the rapid palpitations associated with anger, fear and embarrassment. Its actions on the digestive system cause 'butterflies in the stomach', and activity at the glands on the hands, feet and in the armpits, leads to sweating when nervous.

More passive emotions, like sadness or contentment, on the other hand, require little physical response, and the parasympathetic nervous system takes control of the heart, slowing its rate. Feelings of contentment and relief are often accompanied by deep, slow breathing – another indicator of parasympathetic activity.

The limbic system is also connected to the body via the hypothalamus. This small region, located on the underside of the brain, links the nervous system to the endocrine system, which produces hormones – some of which are key mediators of mood and emotion. For example, corticotropin-releasing hormone is produced in response to stress, and leads to the release of the stress hormone cortisol from the adrenal glands above the kidneys.

The regulation of emotion is not just restricted to one area of the brain – it involves almost the entire body. Reducing the bewildering complexity of human emotion down to anatomy, physiology and, ultimately, brain chemistry, might seem clinical and overly simplistic, but in reality, the fact that humans are capable of experiencing such an extraordinary range of abstract feelings is one of the greatest wonders of biology, with many chemical puzzles still waiting to be solved in this area.

"There are several 'reward pathways' in the brain"

5 happiest countries

(UN's World Happiness Report, 2017)

1. Norway
2. Denmark
3. Iceland
4. Switzerland
5. Finland

3 unhappiest occupations in the UK (2014)

1. Publican
2. Elementary construction
3. Debt collection

HAPPIEST and SADDEST states in the United States

(Gallup-Healthways Well-Being Index, 2013)

HAPPIEST

1. North Dakota
2. South Dakota
3. Nebraska

SADDEST

1. West Virginia
2. Kentucky
3. Mississippi

25%

Of 129 gold medal ceremonies at the London 2012 Olympics, 25 per cent of FEMALE ATHLETES CRIED, compared to just eight per cent of male competitors

SMILIEST country Brazil

Travel app Jetpac analysed INSTAGRAM IMAGES BY COUNTRY, ranking photos based on whether the subject had a wide grin or a tight-lipped smile. Brazil finished first, while the USA lagged behind in 33rd place. The UK ranked 62nd and Japan came bottom

23 LIFE SATISFACTION peaks at the AGES of 23 and 69, according to the London School of Economics (2013)



The gut-brain axis

How does the bacteria in your gut act like a 'second brain'?

We all know that our mood and behaviour is controlled by the brain, but are we overlooking another important aspect of our neurobiology?

There is an increasing amount of evidence to suggest that the activity of bacteria in your gut can significantly affect your brain. This relationship is called the gut-brain axis, and while its exact mechanisms and significance haven't been fully figured out, it is thought that the microbes colonising your digestive tract are responsible for complex interactions between your digestive system and the nervous, endocrine and immune systems.

Your intestines are filled with bacteria. When you think of bacteria you probably think of the germs that make you sick, but we actually have a lot to thank these tiny microorganisms for. We rely on 'good' bacteria to help break down food, produce vital nutrients and defend us against harmful bacteria. But this could just be the tip of the iceberg. Scientists speculate that gut microbes can send signals to the brain via three different methods.

The first involves bacteria releasing neurotransmitters (chemicals that help to

transmit nerve impulses) to trigger the neurons in your digestive tract, which in turn send signals to your brain via the vagus nerve. Some studies have shown that certain species of gut bacteria can produce serotonin, an important neurotransmitter that plays a role in regulating your appetite and mood.

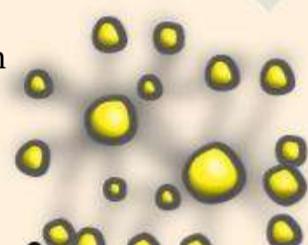
A second proposed method is that microbes in the gut produce molecules called metabolites as by-products when they break down our food. These metabolites can stimulate an increase in the production of neurotransmitters by cells that line the gut (epithelial cells), which activate the vagus nerve. For example, a recent study found that some gut microbes can produce the fatty acids butyrate and tyramine, which promote the production of serotonin by certain cells.

The third hypothesis is that gut bacteria can influence the brain indirectly by triggering the immune system. Gut bacteria can stimulate immune cells to produce small proteins called cytokines, which travel through the bloodstream to the brain. It is thought that these proteins can influence the development and activity of microglia (the brain's immune cells), which are responsible for removing damaged

cells at an injury site. Researchers believe microglia also play a role in the regulation of appetite and metabolism.

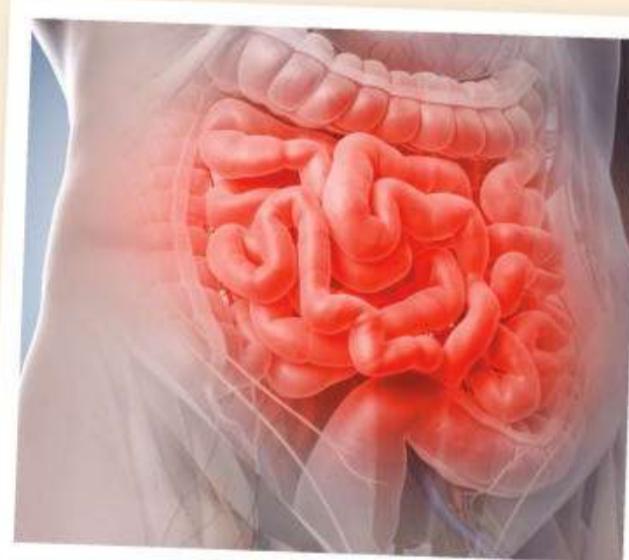
Although there are few human studies at the moment, animal studies have linked the activity of gut bacteria to a variety of conditions, including Parkinson's disease, obesity, depression, anxiety, schizophrenia and cardiovascular disease, and they may also cause certain types of strokes.

While much more research will be needed to further investigate these initial findings, if links are confirmed it could revolutionise how we treat certain neurological disorders. Perhaps in the future doctors will be prescribing probiotic diets to supplement treatments.

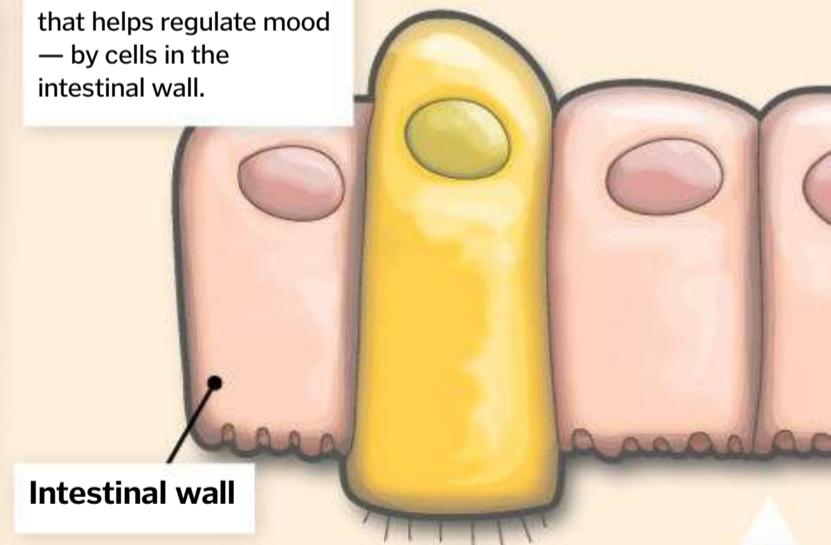


Neurotransmitter production

Some bacteria have been found to stimulate the production of serotonin — a neurotransmitter that helps regulate mood — by cells in the intestinal wall.

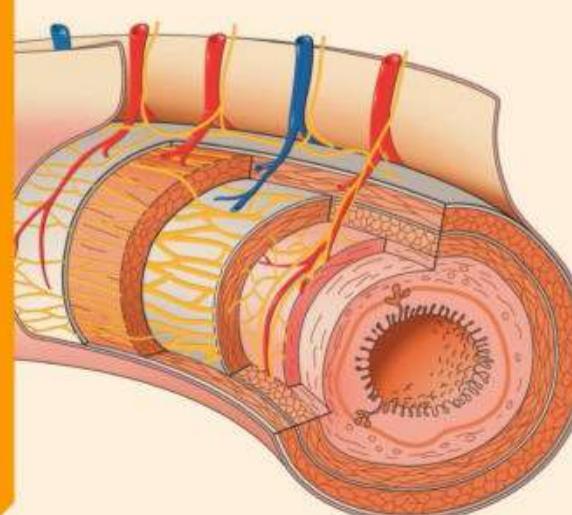


Scientists are only just beginning to understand the impact your microbiome can have on your brain

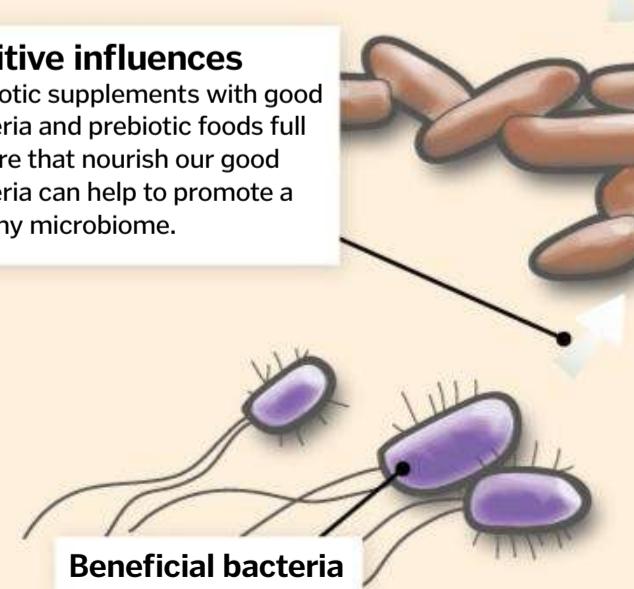


Positive influences

Probiotic supplements with good bacteria and prebiotic foods full of fibre that nourish our good bacteria can help to promote a healthy microbiome.



Your intestines contain a vast network of nerves (shown left, in yellow), providing communication links between your brain and gut

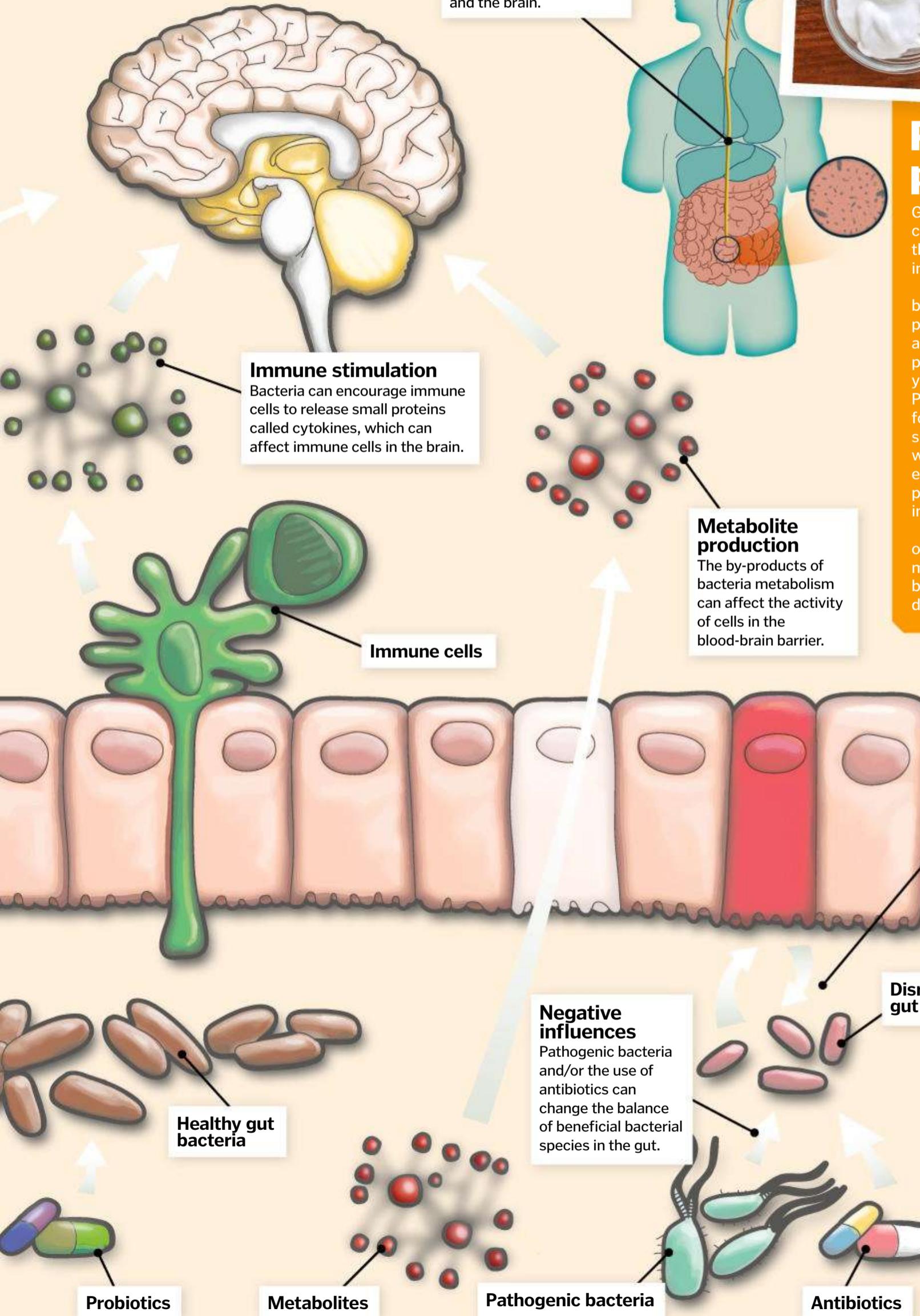


Beneficial bacteria

DID YOU KNOW? There are over 100 trillion microbes in the human gut!

Gut feeling

How can your microbiome influence your brain?



Probiotics and prebiotics

Given the potential impacts our gut bacteria can have on our overall health, the old adage that states 'you are what you eat' is becoming increasingly appropriate.

We can promote the growth of good bacteria through our diets by incorporating probiotics (foods containing live good bacteria) and prebiotics (foods containing beneficial plant fibres). Probiotics can be found in certain yoghurts, cheeses and fermented foods. Prebiotics, on the other hand, are used as a food source for beneficial bacteria to grow and survive in the gut. When they digest the fibre we eat from vegetables, nuts and fruits they excrete short-chain fatty acids as waste products, which are great for nourishing our intestines and reducing inflammation.

Research suggests we need a diverse range of bacteria to have a really healthy gut, but modern high-fat and high-sugar diets have been found to decrease the number of different species living in our intestines.

© Thinkstock; Getty; Illustration by The Art Agency / Nick Sellers

Two-way street
Gut health and function can influence gut bacteria activity and vice versa.

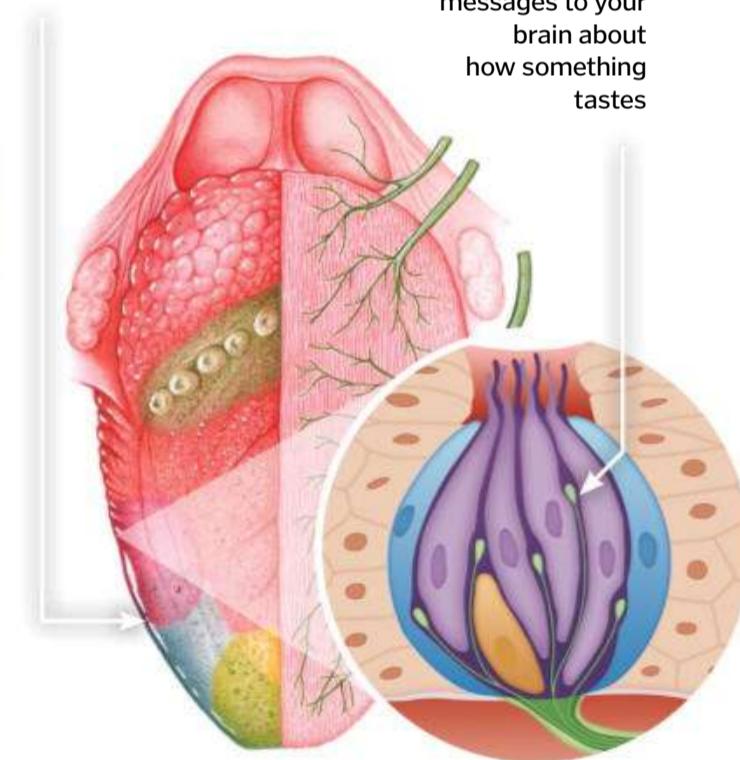
A study involving gut microbe transplants between mice found that certain behavioural traits were also transferred, ie a previously shy mouse would explore more after receiving transplants of bacteria from a more adventurous mouse





Taste qualities are found in all areas of the tongue, although some regions are more sensitive than others

Your taste buds have very tiny, sensitive hairs called microvilli which send messages to your brain about how something tastes



The five basic human tastes

Building a map of the tongue

There is general agreement that humans have five basic tastes, although the fifth taste 'primary' has only been recently officially recognised. Sweetness, bitterness, sourness and saltiness were joined by savouriness in 2002. Several other sensations that the tongue can recognise have been identified but are not classified as tastes.

Sweetness is associated primarily with simple carbohydrates – of which sugar is one of the most common. The way sweetness is detected is complex and only recently has the current model of multiple binding sites between the receptors and sweet substance itself been proposed and accepted. A sweet taste infers that the substance is high in energy and studies have

shown that newborns in particular, who need a high calorie intake to grow, demonstrate a preference for sugar concentrations sweeter than lactose, which is found in breast milk.

Bitterness can be detected in very low levels and is generally perceived to be an unpleasant or sharp taste. Many toxic substances in nature are known to be bitter and there is an argument proposed by evolutionary scientists that bitterness sensitivity is an evolutionary defence mechanism. Humans, however, have now developed various techniques to make previous inedible bitter substances edible through reducing their toxicity, often through cooking.

The taste of saltiness is produced by the presence of sodium ions, or other closely related

alkali metal ions. Potassium and lithium produce a similar taste as they are most closely related to sodium.

Sourness detects acidity. The way we measure the degree of sourness is through rating sour substances against dilute hydrochloric. The mechanism involved in detecting sourness is similar to saltiness in that taste is caused by a concentration of ions – in this case hydrogen ions.

Savouriness is the newest of the recognised basic tastes and the taste is produced by fermented or aged foods. Glutamate is a common compound that can cause this taste and consequently savouriness is considered fundamental to Eastern cuisine.

Unravelling the mystery of DNA

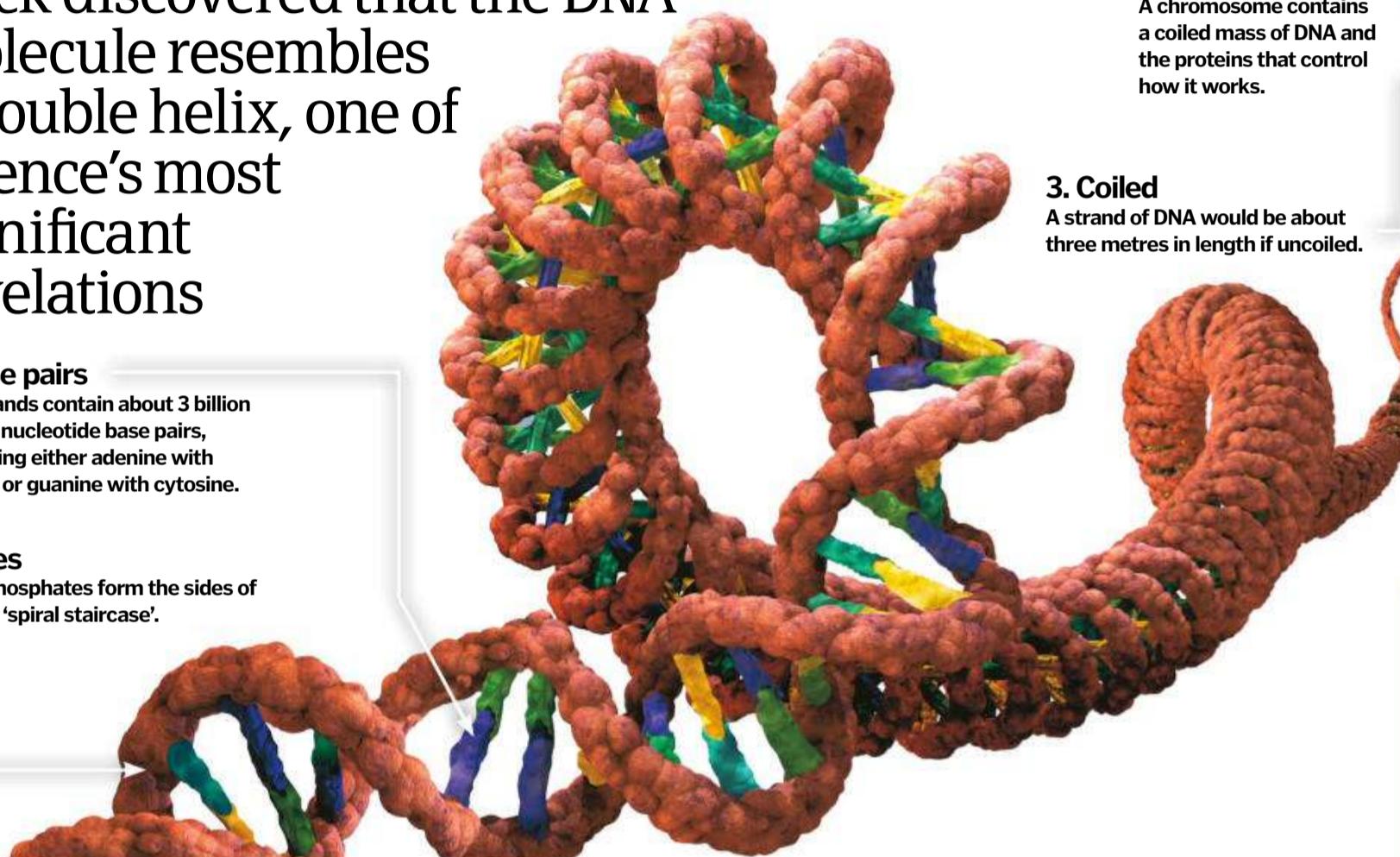
In 1953, James Watson and Francis Crick discovered that the DNA molecule resembles a double helix, one of science's most significant revelations

4. Base pairs

DNA strands contain about 3 billion of these nucleotide base pairs, comprising either adenine with thymine or guanine with cytosine.

5. Sides

Sugar-phosphates form the sides of the DNA 'spiral staircase'.



Deoxyribonucleic acid, better known as DNA, is the building block of all cells. DNA not only makes the proteins that determine our biological traits, it also gets copied and passed from generation to generation. Changes in DNA over time result in the evolution of traits in a species. Although scientists had learned about DNA and suspected its genetic function since the 1890s, its exact structure wasn't known until 1953.

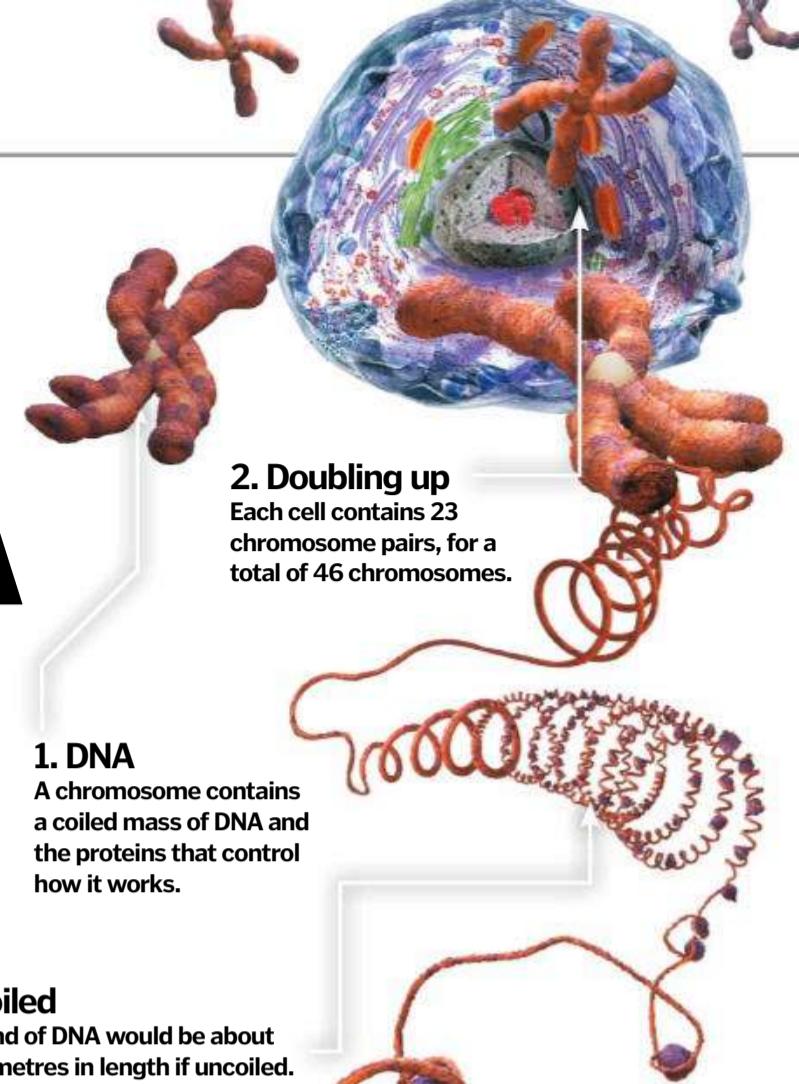
Cambridge University scientists James Watson and Francis Crick won the 1962 Nobel Prize in Medicine, along with Maurice Wilkins, for discovering that the molecule was a double helix – two ladder-like strands twisted together that resemble a spiral staircase.

These long molecules are twisted, along with various proteins, into a single chromosome. While DNA structure looks complicated, it comprises just four sugars called nucleotide bases: adenine (A), thymine (T), cytosine (C) and guanine (G). These four sugars are strung together to form a sequence, similar to the way that letters of the alphabet form words, and words form sentences. Groups of three nucleotides form 'words' called codons, which form 'sentences' called genes. These genes contain information on how and when to build a protein from a combination of 20 different amino acids.

To build a protein, DNA is copied to a type of RNA (ribonucleic acid) called messenger RNA (mRNA). Two types of special RNA molecules, called transfer RNA (tRNA) and ribosomes (rRNA), use amino acids to build the protein using the pattern described in the mRNA. Sometimes several different proteins are made from the mRNA. This is called protein synthesis.

When a cell needs to reproduce, all of its genetic information must copy over to the new cells. This means that the DNA must replicate itself. Enzymes, hormones and other chemicals in the body drive this process. Essentially the double helix zips apart and enzymes copy the codons, check the copies for accuracy, and seal up the strands. The frequency with which replication occurs depends on the type of cell in which the DNA resides. Cells in our skin, for example, are constantly dividing, so the DNA in those cells is constantly replicating itself.

Sometimes there are minor changes made in the processes of DNA replication and protein synthesis. Because there are some repeater codons, these variations don't always cause a problem. Often they result in a positive outcome, such as increased survival of certain types of diseases. However, depending on the variation, mutations can occur that can ultimately result in hereditary diseases.



2. Doubling up
Each cell contains 23 chromosome pairs, for a total of 46 chromosomes.

1. DNA
A chromosome contains a coiled mass of DNA and the proteins that control how it works.

3. Coiled
A strand of DNA would be about three metres in length if uncoiled.

DNA and genetic traits

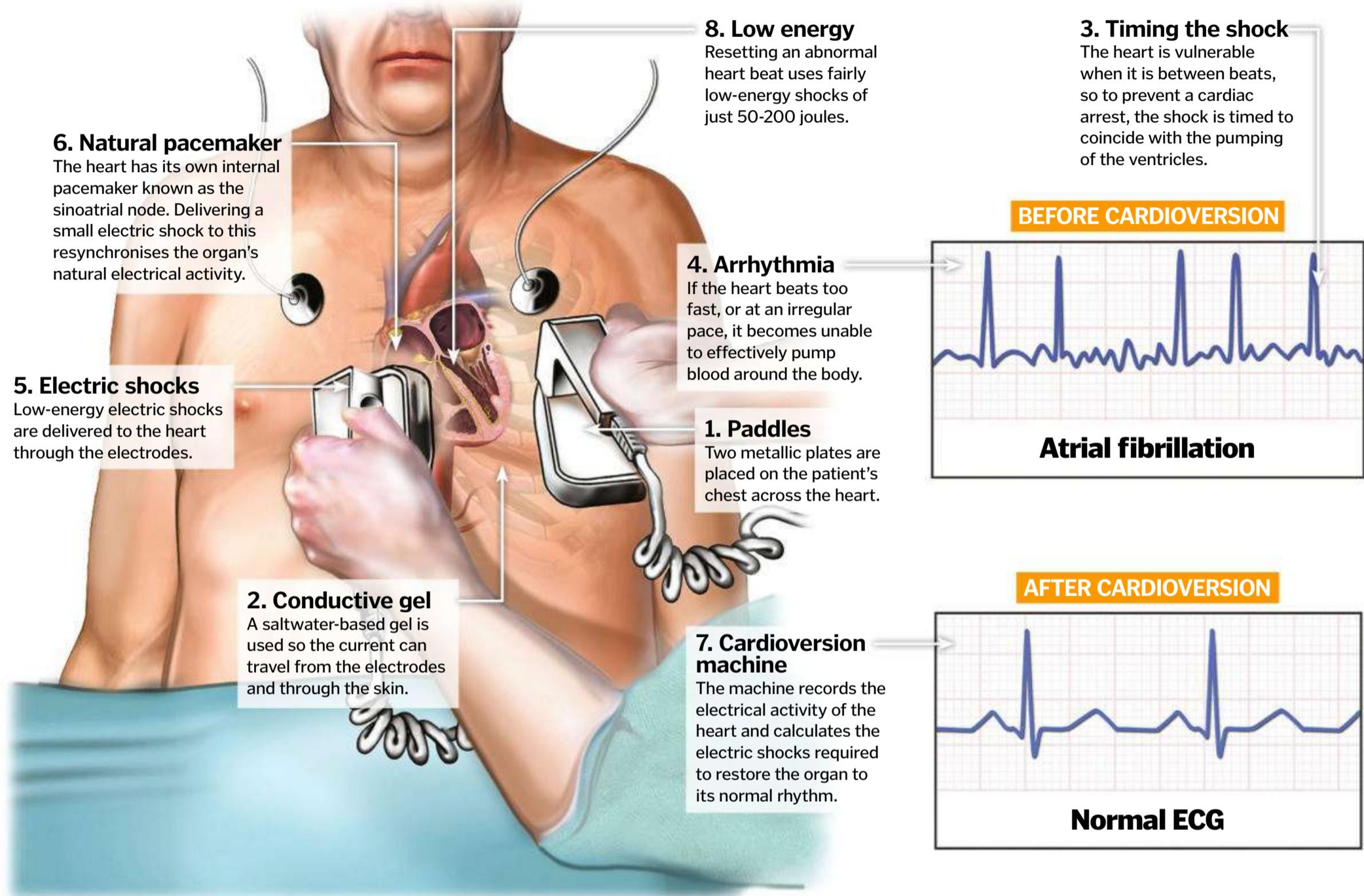
When a person is conceived, they inherit one copy of each chromosome from each parent for a total of 23 pairs. There are about 200 inherited traits that are determined by these genes, including physical and behavioural. We can also inherit a predisposition towards getting a particular disease or disorder. These genetic variations are called alleles. Some are dominant, while others are recessive.

While some traits are determined by a single gene, others come from multiple genes, the environment or a combination. There are multiple genes for determining eye colour, for example, but there's no known gene for being extraordinarily good at playing a specific sport. The latter is likely a combination of genes, health, nutrition and other environmental factors.



Correcting heart rhythms

How can a little electricity be used to fix a heart that's beating off-kilter?



Carpal tunnel syndrome

What is it about the anatomy of the wrist that leads to tingling and numbness?

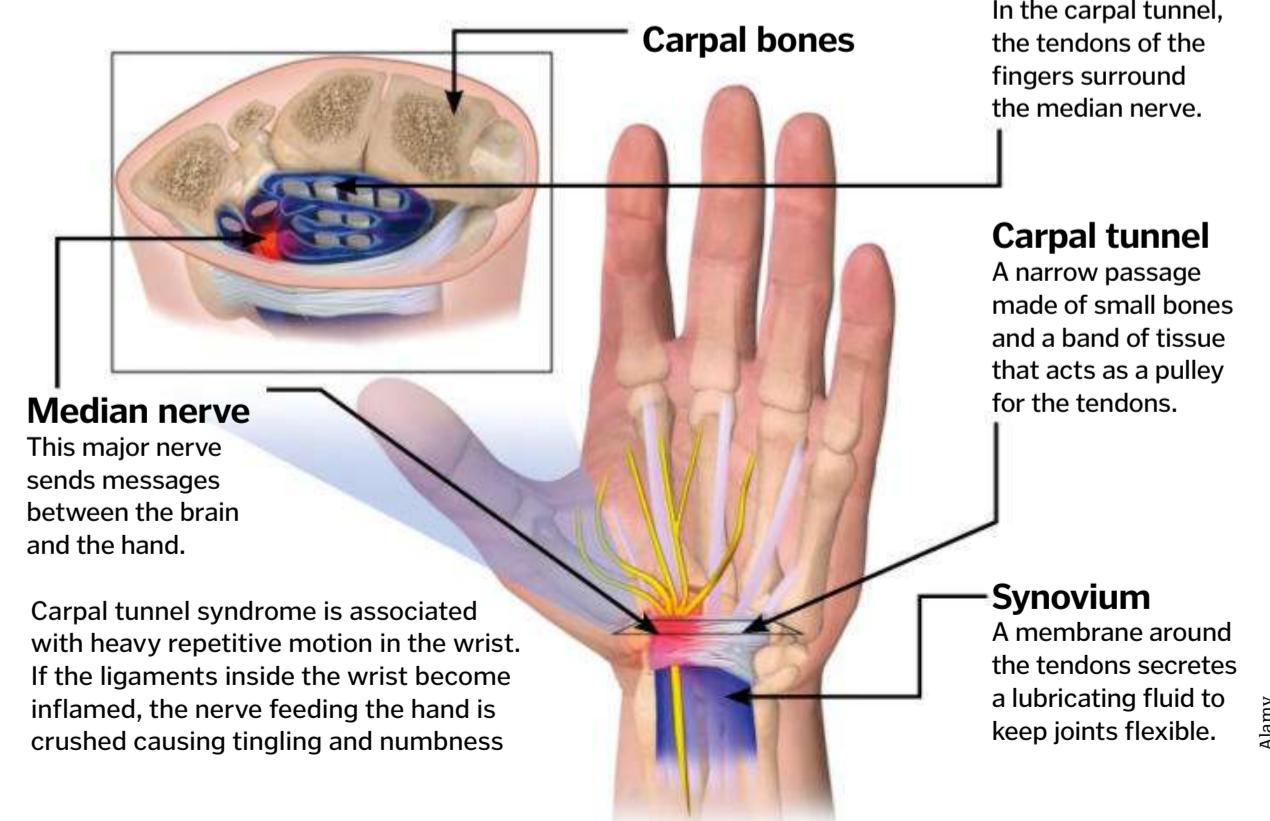
The tendons and nerves of the human wrist travel through a narrow tunnel. The carpal bones form an arch, covered on the underside of the wrist by the tough carpal ligament.

This stiff tunnel has no room to expand, so if the ligaments become inflamed they can compress the median nerve. The median nerve carries sensory information from the thumb, index finger, middle finger and half of the ring finger, so when the nerve is compressed

it can cause numbness, tingling and pins and needles in a specific pattern across the hand.

The pain is often most severe at night because the wrists are held flexed during sleep, compressing the nerve even further. Treatment can be as simple as immobilising the joint at night-time.

In more serious cases though, steroids may be used to reduce inflammation, and as a last resort, the carpal ligament can also be cut to release the pressure.



What are pheromones?

The science behind the chemicals which have a big effect on how animals act

Pheromones are a means of chemical communication between animals, allowing ants to form orderly lines in search of food, tigers to mark their territory and newborn rabbits to find their mother for milk.

Insects have multiple sense organs located on their antennae, while many animals have a specialist organ in the nose that is known as the vomeronasal organ (VNO). The VNO is linked by nerves to the hypothalamus – the region of the brain connecting the nervous system to the endocrine (hormone) system. Incoming signals can potentially affect a range of behaviours and physiologies, from aggression to reproduction.

Plants also use pheromones. For example, when an antelope eats the leaves of an acacia tree, it releases ethylene. This chemical alarm signal is effective for up to 45 metres (150 feet), and causes surrounding acacia trees to produce bitter-tasting tannin to discourage the antelope from grazing more. Some plants can also produce pheromones that alter insect behaviour.

Whether or not humans are sensitive to pheromones is debated. We don't always have a VNO, and our gene coding for the receptors look inactive. Still, in some animals normal nasal tissue can also detect pheromones, so there is a chance that humans might too.



What are pheromones used for in nature?

Raising the alarm

When certain species of insect or plant are under attack, they release alarm pheromones, alerting other members of their species to the danger. All individuals collectively respond to the alarm, either fleeing or mounting a unified defence.

Marking territory

Many animals use pheromones to mark the boundaries of their territory – a familiar trait of dogs. Some insects also use pheromones to signpost the location of their eggs, to prevent other females from laying in the same place.

Leaving a trail

A pheromone trail is the invisible road that guides ants. As more ants travel along the route, they add their own pheromones. Foraging ants will also leave trails to food but stop as the source is depleted, so the scent dissipates.

Recruitment

Bees scour large territories to find nectar, so in order to ensure they return to the hive, workers secrete a pheromone to direct them home. This powerful chemical messenger also attracts lone bees to join the colony as they fly past.

Finding a mate

Pheromones can be used to bring individuals together, whether for mating, defence or migration. Females often release pheromones to signal fertility, eg the female silkworm moth can lure a mate from up to 48 kilometres (30 miles) away!

Eczema explained

What causes the skin to react to otherwise harmless material?

Eczema is a broad term for a range of skin conditions, but the most common form is atopic dermatitis.

People with this condition have very reactive skin, which mounts an inflammatory response when in contact with irritants and allergens. Mast cells release histamine, which can lead to itching and scratching, forming sores open to infection.

There is thought to be a genetic element to the disease and a gene involved in retaining water in the skin has been identified as a potential contributor, but there are many factors.

Eczema can be treated with steroids, which suppress immune system activity, dampening the inflammation so skin can heal. In serious cases, immunosuppressant drugs – used to prevent transplant rejection – can be used to weaken the immune system so it no longer causes inflammation in the skin.

Under the skin

What happens inside the body when eczema flares up?

Ceramides

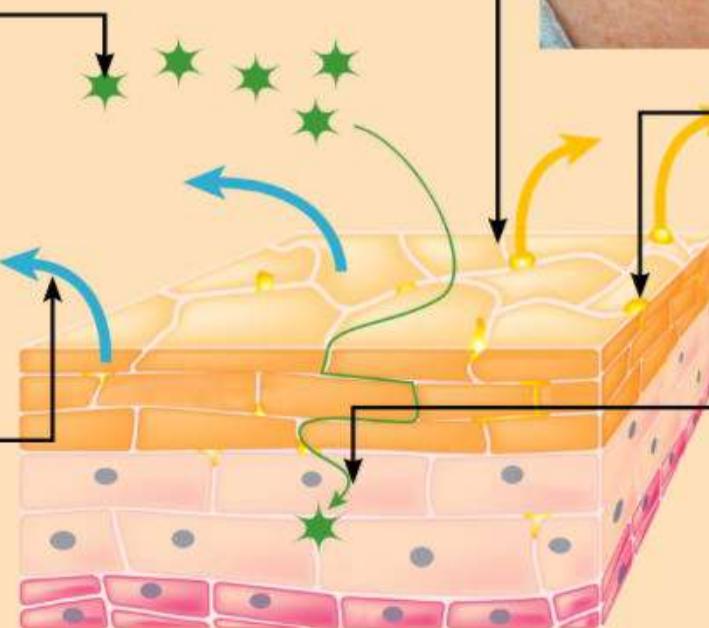
The membranes of skin cells contain waxy lipids to prevent moisture evaporation, but these are often deficient in eczema.

Allergen

Eczema is commonly triggered by the same things as many allergies – anything from pet hair to certain types of food.

Water loss

The skin is less able to retain water, leading to dryness and irritation.



The histamine increase can cause itching, leading to open sores



Allergen entry route

The cells of the skin are normally tightly bound together to prevent contaminants from entering the body, but in eczema there are gaps.

Inflammatory response

The immune system produces a response to allergens beneath the skin, leading to redness, itching and inflammation.



Inside the flu

We reveal how this common winter bug stays one step ahead of our immune system

The influenza virus infects a staggering 5 million people worldwide every single year, travelling from person to person in airborne droplets, and causing chills, fever, sore throat, runny nose, headaches and muscle pain.

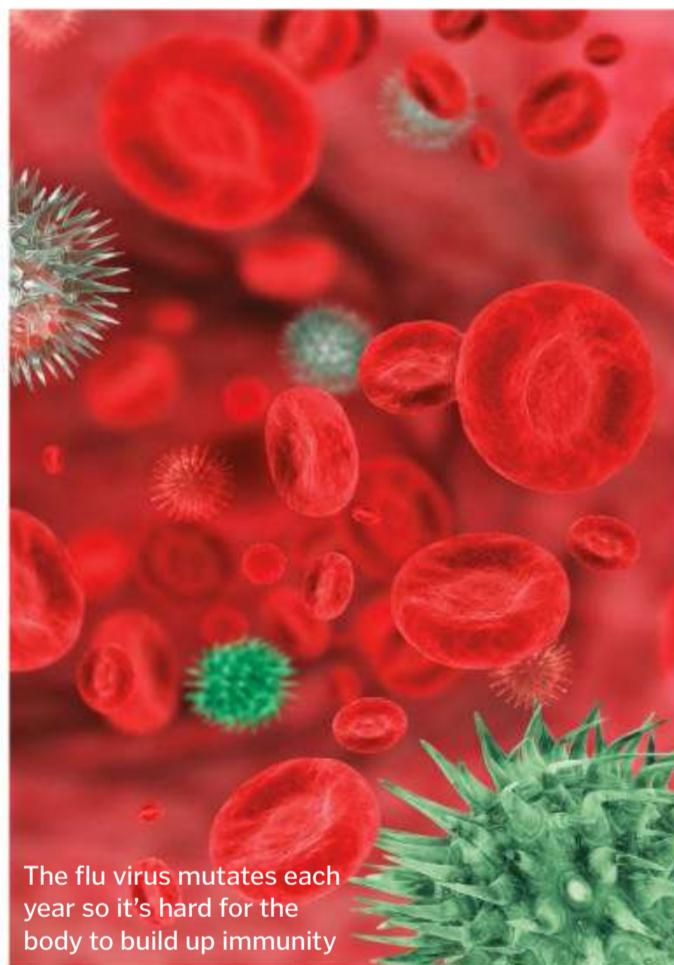
The flu virus changes gradually by a process known as antigenic drift. As the virus replicates, single nucleotide errors occur in the viral genome, causing minute changes to the proteins that coat the outside of the virus. The immune system recognises these proteins to detect and destroy the infection, so as they change, the ability of the body to recognise the virus decreases, preventing people from building up immunity.

Not only does the virus make continual, subtle changes to its genome and proteins, but it also occasionally develops huge mutations. If a host becomes infected by more than one strain of flu virus, and the two meet inside a single cell, there is a chance that their genomes will mix together, consequently producing new, mutant flu virus. This is a rather rare occurrence, but can form dangerous new strains of flu – the swine flu (H1N1) pandemic of 2009 was found to contain genetic information from four different viruses: one human, one avian and two swine influenza.

This is one of the reasons that a universal vaccine against all types of flu is such a challenge. Currently, a seasonal flu jab is developed every year, to match the flu that is

circulating in the population. Each subsequent year, the virus has usually changed sufficiently that the vaccine is no longer effective.

However, research suggests that some cells of the immune system can recognise proteins from the core of the virus. These are essential to viral function, and mutate far more slowly, so developing a vaccine against these important proteins could help T-cells to develop long-term immunity to the bug.



The virus in focus

Take a closer look at the anatomy that makes up a single flu virion

RNA

The genetic material of the flu virus is stored on several strands of ribonucleic acid (RNA).

Haemagglutinin

Spiky protein haemagglutinin coats the outside of the virion, allowing it to stick to, enter and infect cells of the throat and lungs.



Get to know your ABCs...



Influenza A

The natural hosts of influenza A are wild water birds. Transfer to domestic poultry exposes humans to the virus and can result in cross-species infection. The H1N1 Spanish flu of 1918 and the H5N1 bird flu of 2004 were influenza A.



Influenza B

Influenza B prefers a human host and is less common. It mutates slowly, enabling most to build up immunity, but it doesn't last for ever. It rarely infects other species, preventing the creation of the new, mutant strains that cause pandemics.



Influenza C

This produces only mild disease, and most adults have been infected at some point in their life. It infects humans and pigs, but is far less common than influenza A and B. It can cause local epidemics, but does not lead to pandemic flu.

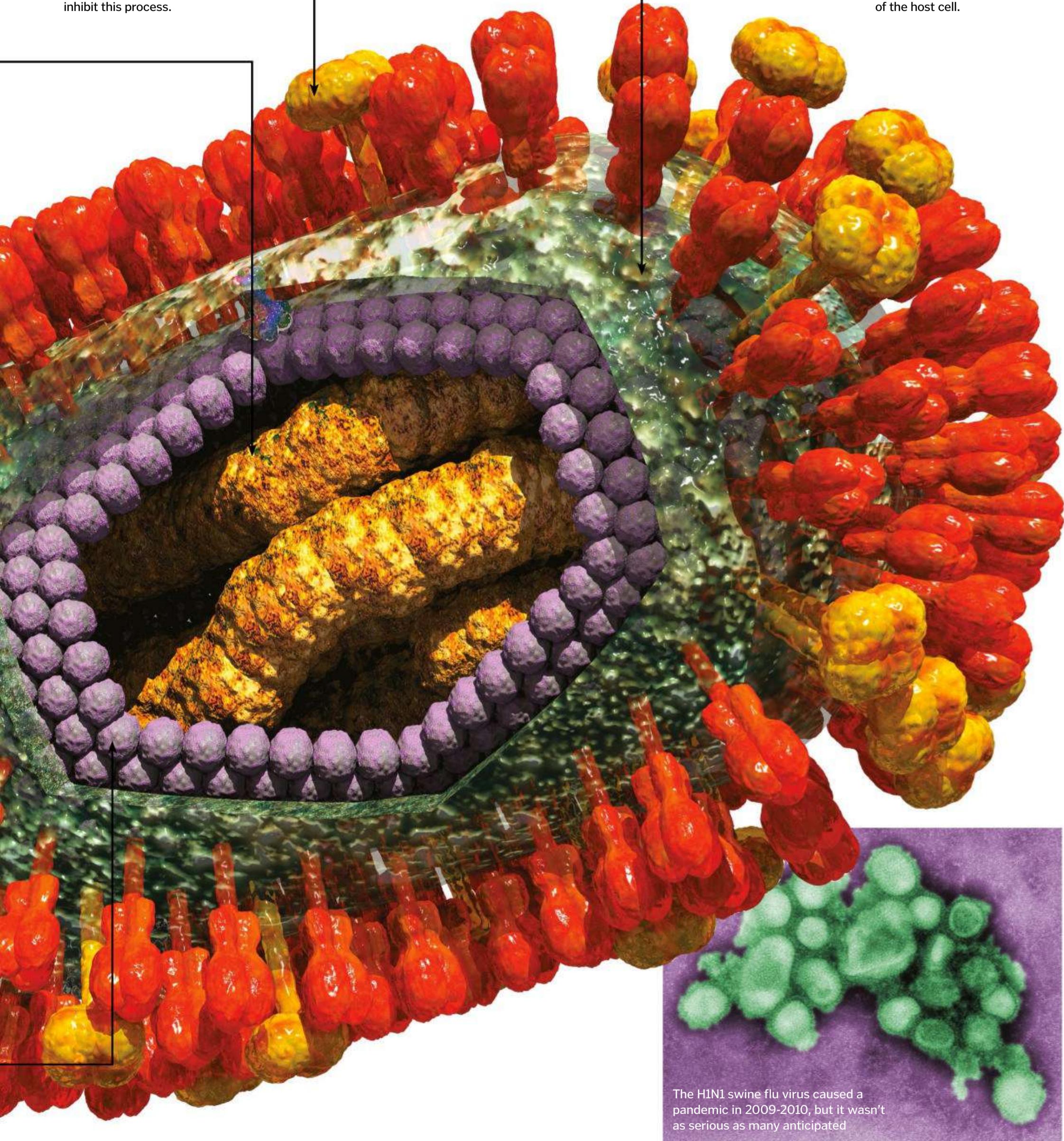
DID YOU KNOW? Influenza A viruses are named after the two major proteins that cover their outer membrane

Neuraminidase

This surface protein is an enzyme, which helps the virus to eat through cell defences and breach the cell membrane. Drugs like Relenza and Tamiflu inhibit this process.

Lipid bilayer

The outer layer of the virion is a lipid membrane. It is not produced by the virus, but is stolen from the membrane of the host cell.

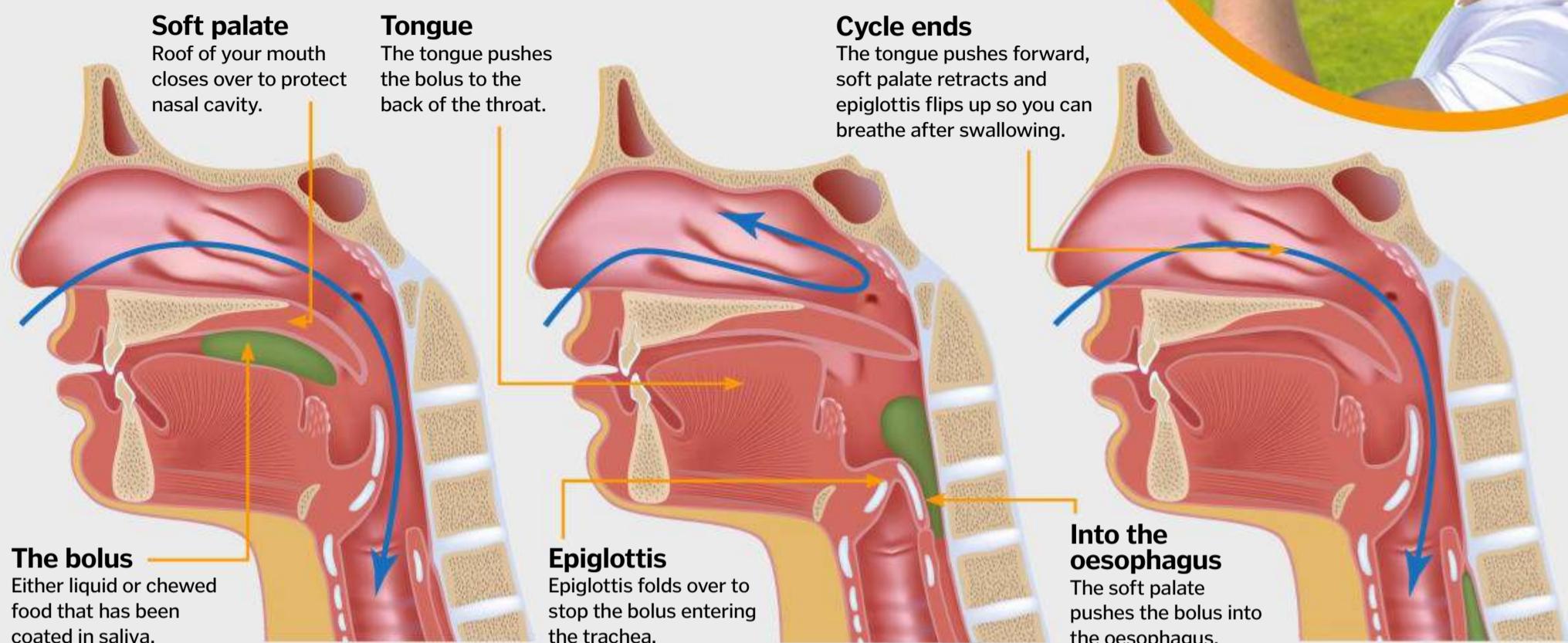


The H1N1 swine flu virus caused a pandemic in 2009-2010, but it wasn't as serious as many anticipated



How we swallow

The process of getting your food from mouth to stomach



Swallowing is a whirlwind of action that all happens in a rapid but controlled order. Your tongue pushes the chewed food (bolus) to the back of your throat and the muscle on the roof of your mouth – your soft palate – pushes the food or drink down into the pharynx. The bolus is prevented from

going down the windpipe thanks to the epiglottis, a small flap of skin folding over the larynx. This forces what you are swallowing to head down the oesophagus. All of this happens in less than a second.

However, sometimes things do go wrong. We've all experienced food or drink 'going

down the wrong pipe.' This is called pulmonary aspiration and occurs when the epiglottis hasn't covered the trachea in time and the bolus has entered your breathing tube. This uncomfortable sensation generally ends with you coughing and spluttering until it is cleared.

Why do we get drunk?

It's the drug of choice for many, but just how does alcohol get you drunk, and why do we suffer from the side effects?

There are actually many kinds of alcohol in the chemical world, but the one we drink the most is ethanol. It's the particular shape of an ethanol molecule that gives a glass of beer or a shot of the hard stuff its specific effects on the human brain. The molecule is very tiny, made up of just two carbon atoms, six hydrogen atoms, and one oxygen atom. Ethanol is water soluble, which means it enters the blood stream readily, there to be carried quickly to all parts of the body (most notably the liver and the brain). It's also fat soluble; like an all-access pass through various cell membranes and other places that are normally off limits.

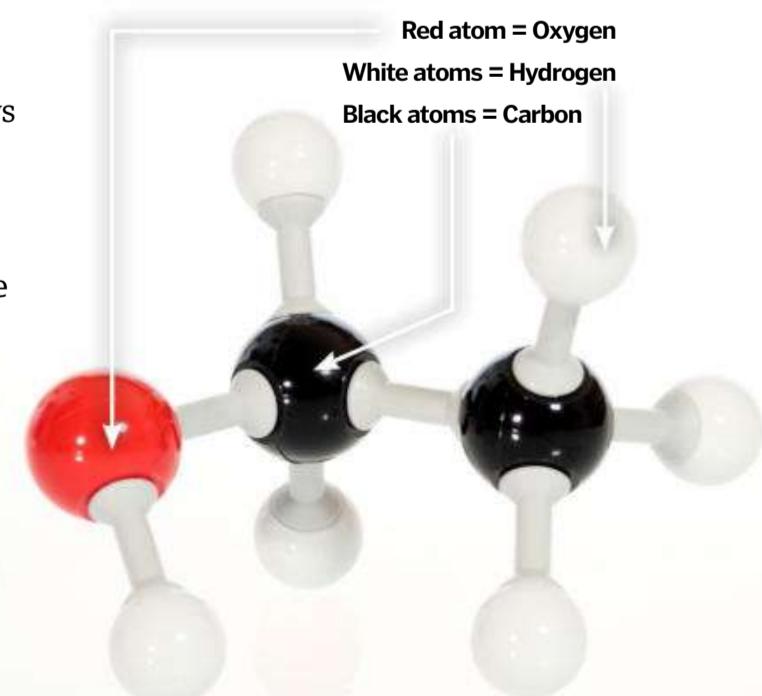
A certain portion of the ethanol you drink passes through your stomach to your small intestine, is absorbed into your bloodstream and carried to your brain. That's what we're really concerned with. Research has not conclusively determined exactly how ethanol accomplishes all of its various effects in the brain, but there are some well-supported

theories. The slow reactions, slurred speech and memory loss of a drunk are probably caused by ethanol attaching to glutamate receptors in your brain's neural circuitry. These receptors normally receive chemical signals from other parts of the brain, but instead they get an ethanol molecule. This disrupts the flow of signals and generally slows the whole brain down.

Ethanol also binds to GABA (gamma-aminobutyric acid) receptors, which normally serve to slow down brain activity. Unlike glutamate receptors, ethanol actually makes GABA receptors more receptive, causing the brain to slow down even more. But alcohol isn't simply a depressant, because it also stimulates the production of dopamine and endorphins, chemicals that produce feelings of pleasure. Research hasn't yet revealed the exact mechanism involved, but it may be similar to the way ethanol stimulates the GABA receptors.

Ethanol molecule

The particular shape of an ethanol molecule makes it ideally suited to getting humans drunk. Slight differences in the charge at each end of the molecule make it both water and fat soluble.



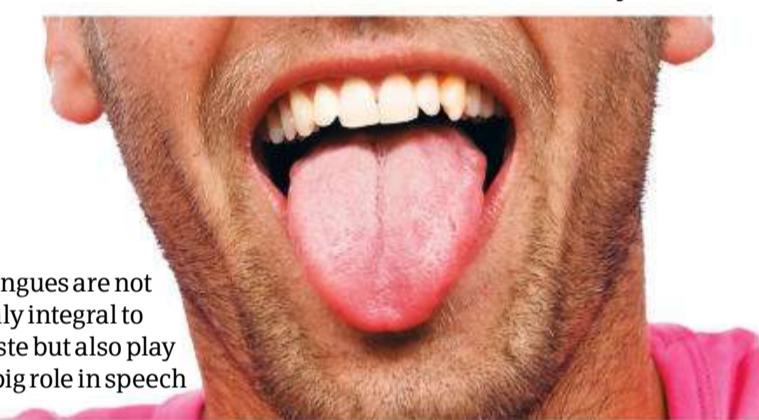
The human tongue

A versatile organ that allows you to both taste and talk

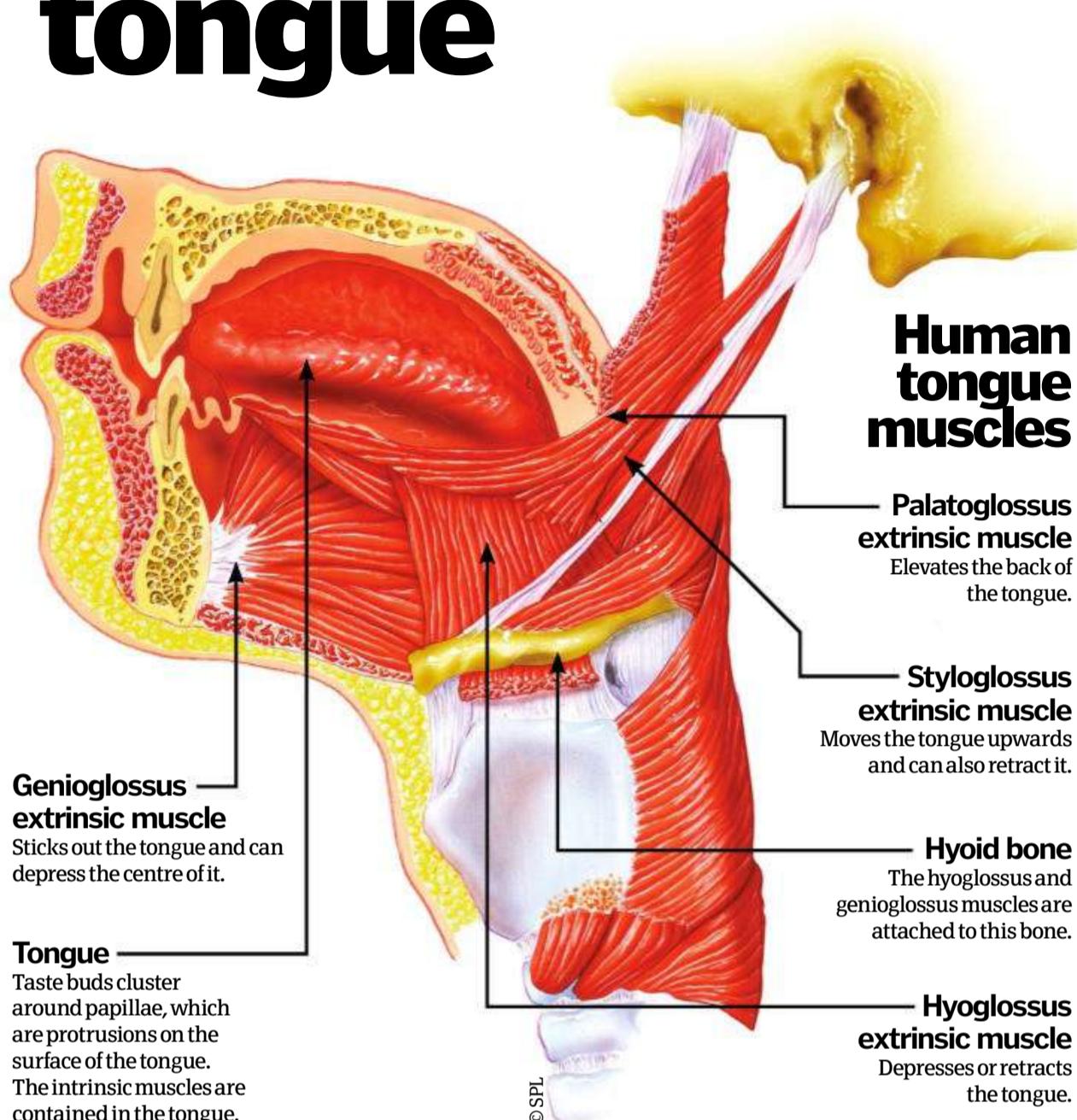
On our tongues, we have up to 10,000 taste buds that can distinguish between sweet, sour, bitter, salty and savoury flavours. As food is dissolved by our saliva, it meets taste receptor cells inside the taste buds that, when stimulated, send signals to the cerebral cortex. Receptors in the tongue also respond to other stimuli like pain, temperature and pressure.

The tongue consists of eight muscles: four of them are extrinsic muscles that are anchored to bone and change the position of the tongue, and four are intrinsic muscles that are not anchored to bone and change the shape of the organ.

Besides guiding food as we chew and swallow it, these muscles also give us the ability to speak. In combination with the mouth, jaws and cheeks the tongue moves to articulate sounds that emanate from the vocal folds of the larynx.



Tongues are not only integral to taste but also play a big role in speech



Human tongue muscles

Palatoglossus extrinsic muscle
Elevates the back of the tongue.

Styloglossus extrinsic muscle
Moves the tongue upwards and can also retract it.

Hyoid bone
The hyoglossus and genioglossus muscles are attached to this bone.

Hyoglossus extrinsic muscle
Depresses or retracts the tongue.

How do we laugh?

Which muscles react when we find something funny and why is laughter so hard to fake?

Laughing can sometimes be completely involuntary and involves a complex series of muscles, which is why it's so difficult to fake and also why an active effort is required to suppress laughter.

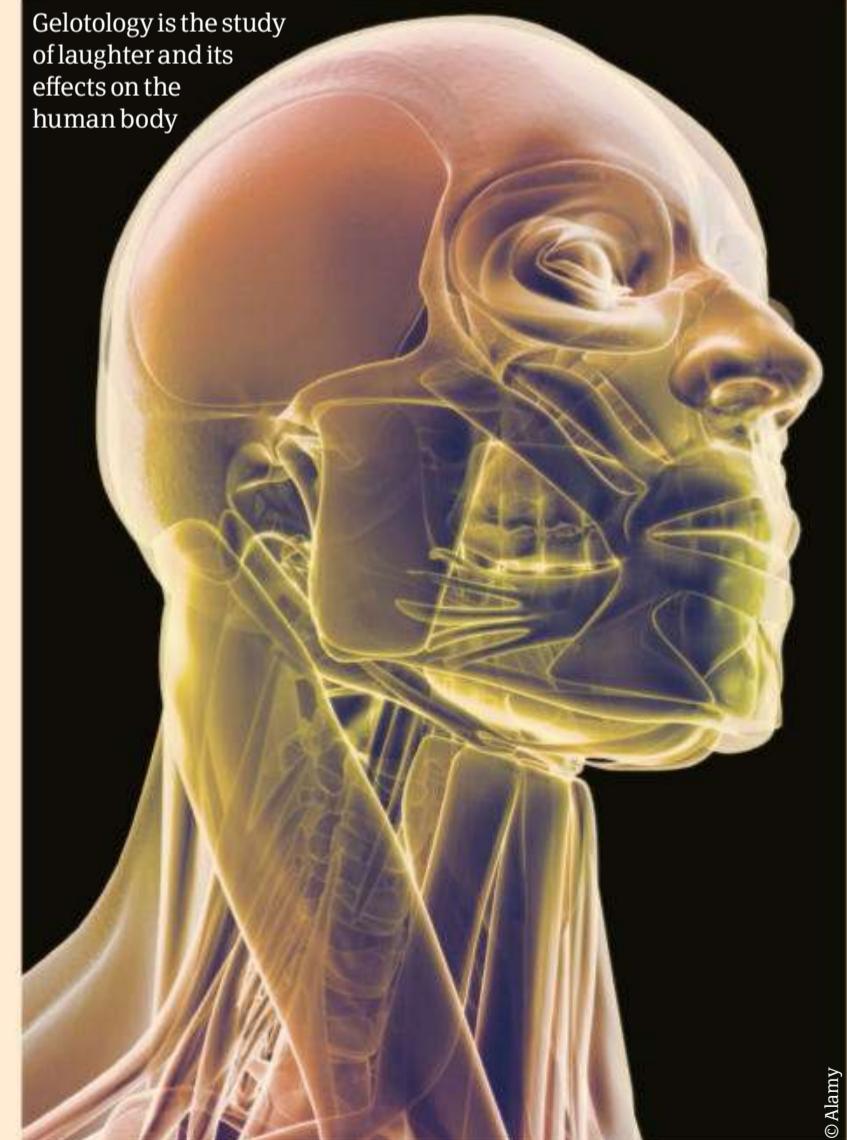
In the face, the zygomaticus major and minor anchor at the cheekbones and stretch down towards the jaw to pull the facial expression upward; on top of this, the zygomaticus major also pulls the upper lip upward and outward.

The sound of our laugh is produced by the same

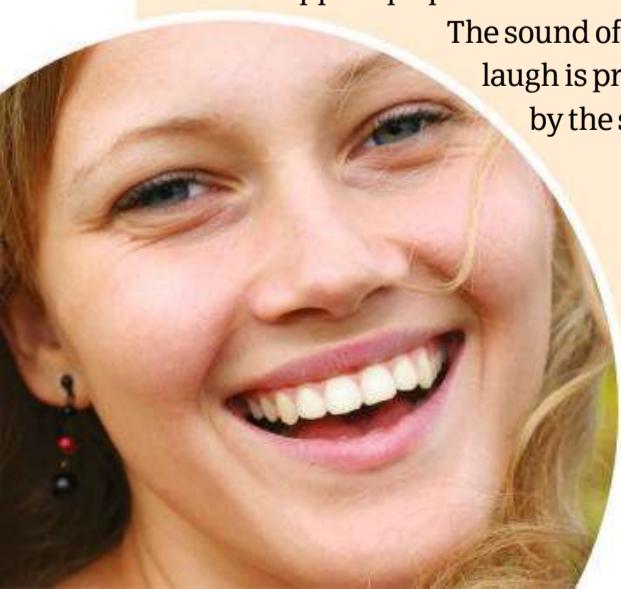
mechanisms which are used for coughing and speaking: namely, the lungs and the larynx. When we're breathing normally, air from the lungs passes freely through the completely open vocal cords in the larynx. When they close, air cannot pass, however when they're partially open, they generate some form of sound. Laughter is the result when we exhale while the vocal cords close, with the respiratory muscles periodically activating to produce the characteristic rhythmic sound of laughing.

The risorius muscle is used to smile, but affects a smaller portion of the face and is easier to control than the zygomatic muscles. As a result, the risorius is more often used to feign amusement, hence why fake laughter is easy to detect.

Gelotology is the study of laughter and its effects on the human body



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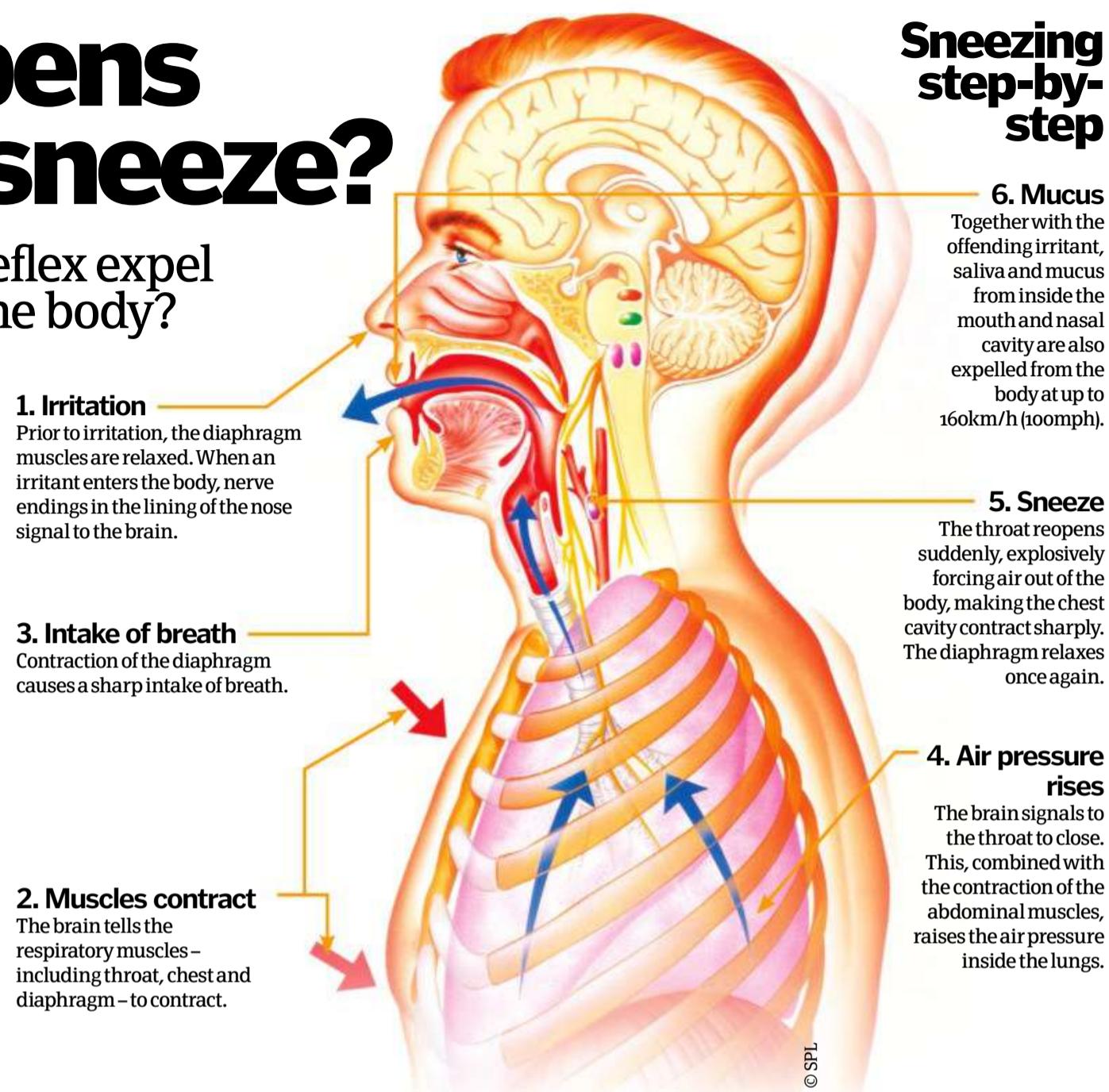
What happens when you sneeze?

How does this automatic reflex expel unwanted irritants from the body?

When we breathe in, the inhaled air can contain dust, chemicals and other irritants that can be harmful to the body, particularly to organs in the respiratory system like the lungs. While the tiny hairs inside the nostrils (cilia) trap many of these particles, some will often get through. To help you out, your body reacts to try and forcibly expel the offending particles via the sneeze reflex arc.

There are a number of other reasons why we sneeze, including to clear the nasal passages when you have a cold, to expel allergens if you are allergic to something, and interestingly even bright sunlight can cause some people to sneeze; this is specifically called photic sneezing.

When a stimuli is detected by the nerve endings in the nose, impulses are sent to the brain, which initiates a chain of physiological events that enable the body to rid itself of the unwelcome item.



The knee-jerk step-by-step

1. Quadriceps and hamstring muscles

The knee-jerk reflex means that the quadriceps muscles contract at the same time the hamstring muscle relaxes.

3. Interneuron

The interneuron provides a connection between the sensory and motor neurons.

4. Motor neuron

The motor, or efferent neuron, carries the nerve impulse to the muscles.

5. Spinal cord

The spinal cord has both grey matter, which contains nerve cell bodies, and white matter, which contains the nerve fibres.

Knee-jerk reactions explained

Why does your leg kick out when the doctor taps just below your knee?

Doctors often test the knee-jerk, or patellar reflex, to look for potential neurological problems. Lightly tapping your patellar tendon just below the kneecap stretches the femoral nerve located in your thigh, which in turn causes your thigh muscle (quadriceps) to contract and the lower leg to extend. When struck, impulses travel along a pathway in the dorsal root ganglion, a bundle of nerves in the L4 level of the spinal cord. Reflex actions are performed independently of the brain. This allows them to happen almost instantaneously – in about 50 milliseconds in the case of the knee-jerk reflex. This reflex helps you to maintain balance and posture when you walk, without having to think about every step you take.

Motor neuron
Sensory neuron
Interneuron

2. Sensory neuron
The sensory, or afferent neuron, receives an impulse from the femoral nerve.



How do we touch and feel?

Sensation is the act of detecting different aspects of touch. But how does it work?

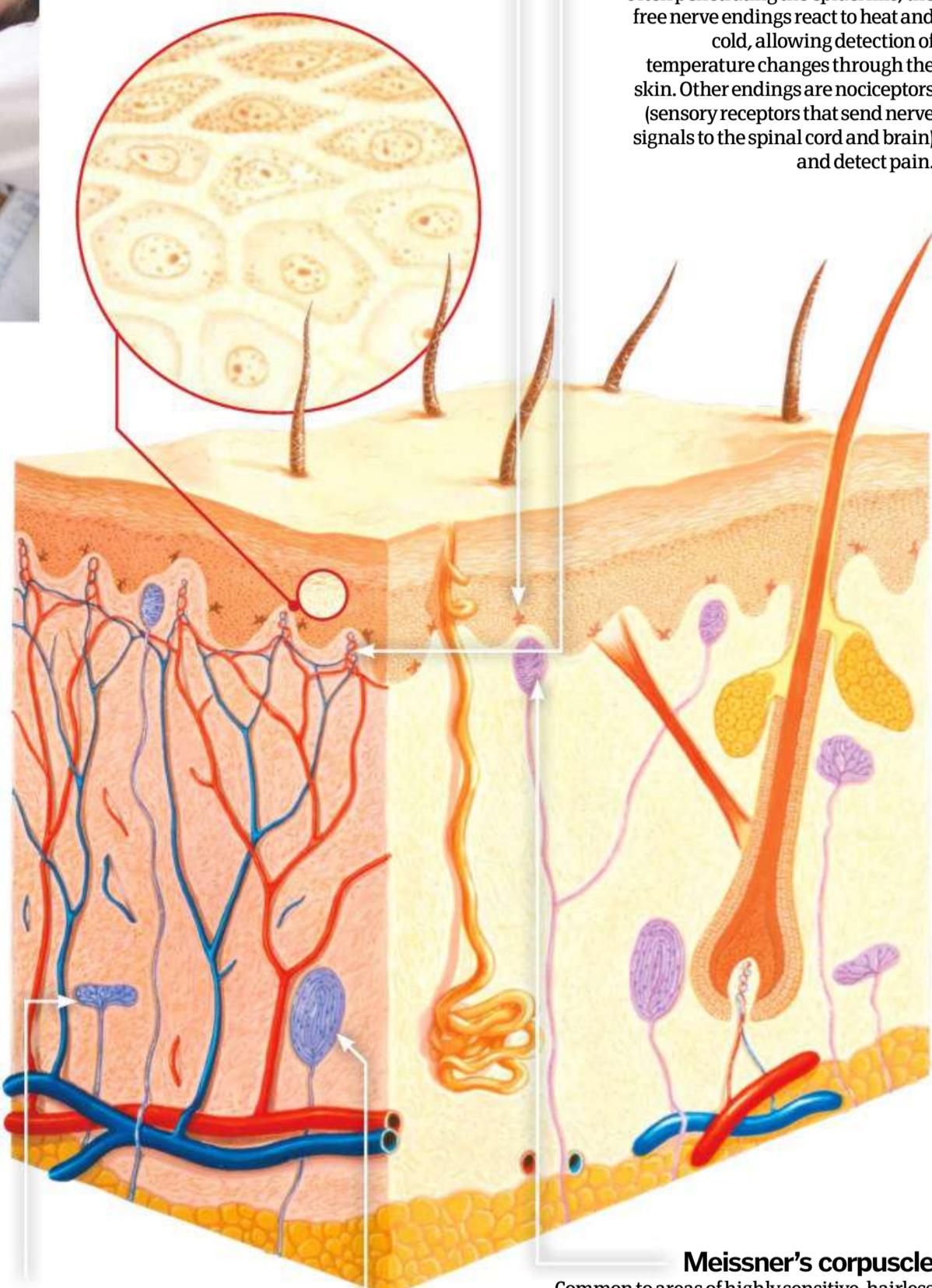
The skin is the largest sense organ of the human body. By sending nerve impulses (signals) to the sensory area of the brain, the skin can respond quickly and accurately to external stimuli in the detection of pain, texture and temperature, among others. This enables us to experience sensations, including the many 'sense datums' (a term coined by eminent scholar Bertrand Russell to separate the process of sensing to that which is being sensed), involved with touch.

This is achieved through a collection of sensory receptors within the skin, most of which are mechanoreceptors, sensors that specifically respond to mechanical pressure, distortion and vibration. In addition to mechanoreceptors, human skin also packs thermoreceptors for the detection of changes in temperature and, importantly, pain-detecting nociceptors. The positioning of each type of sensor in the dermis (one of the skin's three main layers) is directly linked to its role, with large receptors designed to detect pressure changes located deep within, while smaller sensors are designed to detect light touch, near the surface.

Each receptor consists of free nerve endings either encapsulated within a tissue cell – such as with Ruffini's corpuscles (see annotations) – or unencapsulated and left loose. Sensory receptors can be roughly split into two main groups dependent on their rate of adaption (ie how fast the receptor adapts its frequency of action potentials/signals), with some slowly adapting and others rapidly adapting to external stimuli. Merkel's discs, for example, are slowly adapting, maintaining a high firing rate for a sustained period of time, delivering impulses to the brain for longer. Pacinian corpuscles, on the other hand, are rapidly adapting, quickly amending their firing rate depending on context (ie if a vibration is detected through the skin, which then stops, the Pacinian sensor stops sending signals to the brain quicker).

Merkel's discs

Rough disc-shaped structures, Merkel's discs are located at the dermis-epidermis border and detect very faint touch and light pressure. The discs are the culmination of free neuron endings and consist of a Merkel cell in close apposition to an enlarged nerve terminal.



Ruffini's corpuscle

One of the skin's slowly adapting mechanoreceptors, Ruffini's corpuscles consist of a branching neuron ending surrounded by an oval-shaped capsule that detects the stretching of the skin and deep sustained pressure. When located in the fingertips, they also detect sliding, aiding grip.

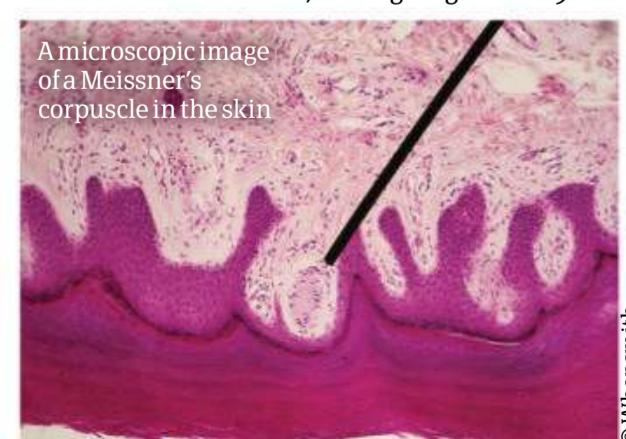
Pacinian corpuscle

One of the largest mechanoreceptors, the Pacinian corpuscle is layered like an onion, and when deformed by outside forces it detects strongly sustained pressure. Interestingly, it can also detect rapid vibrations between ranges of 200-300Hz.

Under the skin

Free nerve endings

Often penetrating the epidermis, the free nerve endings react to heat and cold, allowing detection of temperature changes through the skin. Other endings are nociceptors (sensory receptors that send nerve signals to the spinal cord and brain) and detect pain.



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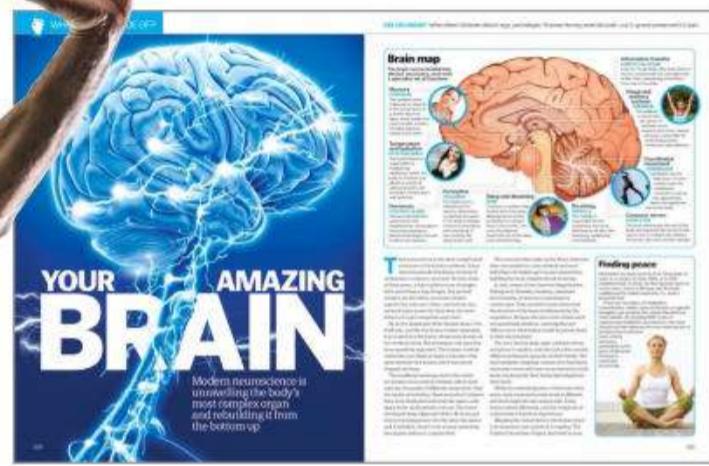
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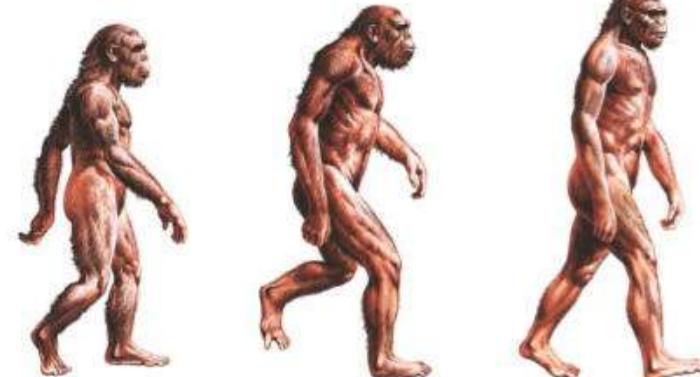


Health & medicine

Find out how a combination of the human body and medicine help us fight disease and infection



Why our rib cage is so important



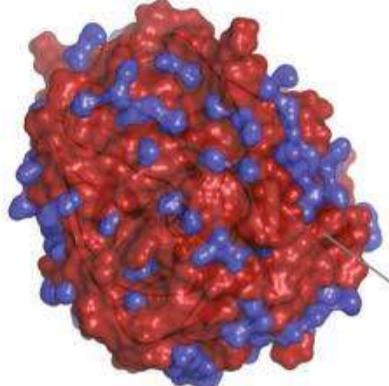
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What goes on inside our stomachs?



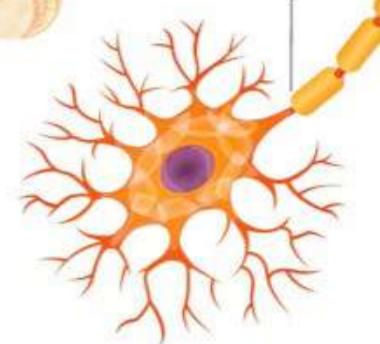
The digestive system



How do we swallow?



The body's nervous system

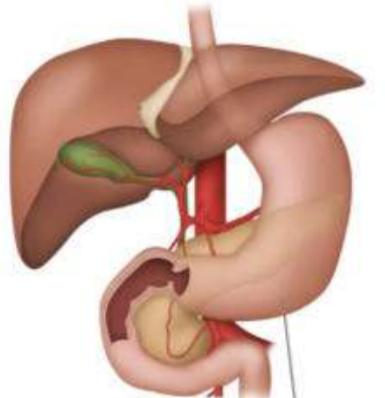


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Get under the skin of the human body and discover the secrets of its essential organs and how they work



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Inside the liver and pancreas

The human head



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Explore the weird and wonderful processes of the human body, from how we swallow to why we laugh

